## Applied For Not Applicable \$8.75 Additional

314/862-9800

## 2000 UNIFORM BUSINESS REPORT (UBR)

-"-NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED Apr 27, 2000 8:00 am Secretary of State F*950000525*1 DOCUMENT # 9506000 5251 Spirtas Company 04-27-2000 90100 004 \*\*\*158.75 Principal Place of Business Mailing Address 951 Skinker Parkway St. Louis. MO 63112 UUU//334 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT Corporation Systems 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 Zip Code $\mathsf{FL}$ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Vice President, Act. Sec [X] Addition TITLE President, Director ☐ Delete TITLE : NAME NAME J. Matthew Sheehan Eric J. Spirtas STREET ADDRESS STREET ADDRESS 3416 Foxborough Circle #10 Colonial Hills Parkway CITY-ST-ZIP CITY-ST-ZIP St! Charles, MO 63301 S<del>t. Louis, MO 63141</del> ☐ Addition ☐ Change ☐ Delete TITLE Director (Chairman) NAME Arnold R. Spirtas STREET ADDRESS STREET ADDRESS 11205 Tureen CITY-ST-ZIP CITY-ST-ZIP <del>St. Louis, MO 63141</del> - - - E Change Director X Delete TITLE [X] Addition TITLE Pirector, Secretary Sandra T. Spirtas NAME NAME Sandra T. Spirtas STREET ADDRESS STREET ADDRESS 11205 Tureen 11205 Tureen St. Louis, MO 63141 CITY OF 7IP CITY-ST-ZIP St. Louis, MO 63112 ☐ Addition ☐ Delete 11115 NAME STREET ADDRESS .... : ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS THE REAL PROPERTY. CITY-ST-ZIP ST-7IP Change Delete TITLE Addition NAME STREET ADDRESS CHARLES AND SERVICE CITY-ST-7IP I hereby certify that the information dispolied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this eport or supplementally report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.