

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90965 001 ***300.00

DOCUMENT # F96000000288

1. Entity Name

ALVEY SYSTEMS, INC.



Principal Place of Business

9301 OLIVE BLVD
ST LOUIS MO 63132
US

Mailing Address

9301 OLIVE BLVD
ST LOUIS MO 63132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-0157210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ACKERMAN, STEVE	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAKER, DAVID C.	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZITNAY, ROBERT	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HAHN, DENNIS J.	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BILES, JOHN A	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT M	
STREET ADDRESS	9301 OLIVE BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Daytime Phone #

CR2E034 (10/02)