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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000001114 (5)**

1. Corporation Name
WVP ENGINEERS/ARCHITECTS/PLANNERS CORPORATION

Principal Place of Business	Mailing Address
2810 S. GRAND BLVD. ST. LOUIS MO 63118	2810 S. GRAND BLVD. ST. LOUIS MO 63118-1010

3. Date Incorporated or Qualified: 03/04/1996
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 43-1195901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHILTON, DAN L	1.2 NAME	
STREET ADDRESS	RR 2 BOX 163B	1.3 STREET ADDRESS	4400 LINDELL APT 15H
CITY-ST-ZIP	BETHANY IL 61914	1.4 CITY-ST-ZIP	ST LOUIS, MO 63108
TITLE	VS ☐ DELETE	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	MESHA, PETER H	2.2 NAME	
STREET ADDRESS	8311 WOODRIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODRIDGE IL 60517	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	SUTTON, RICHARD D	3.2 NAME	
STREET ADDRESS	3921 ALLENTON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC MO 63069	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	ANDREWS, ROBERT J	4.2 NAME	
STREET ADDRESS	1355 FINLEY CT.	4.3 STREET ADDRESS	5750 WALNUT AVE. #2A
CITY-ST-ZIP	MT ZION IL 62549	4.4 CITY-ST-ZIP	DOWNERS GROVE, IL 60516
TITLE	☐ DELETE	5.1 TITLE	VD ☐ Change ☒ Addition
NAME		5.2 NAME	MEL M. MILLENBRUCK
STREET ADDRESS		5.3 STREET ADDRESS	1702 PURITY CT.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FENTON, MO 63026
TITLE	☐ DELETE	6.1 TITLE	VD ☐ Change ☒ Addition
NAME		6.2 NAME	JAMES J. MANTY
STREET ADDRESS	CONTINUED - SEE ATTACHED	6.3 STREET ADDRESS	2261 WOODBINE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DECATUR

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dan L. Chilton Dan L. Chilton 4/17/97 314 644 8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICERS AND DIRECTORS - CONTINUED

TITLE	D
NAME	C. ALAN DAPRON
STREET	3507 SORREL TREE LANE
CITY-ZIP	ST LOUIS, MO 63129