

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90022 039 ***150.00

DOCUMENT # F96000004369

1. Entity Name
HOPKINS MANUFACTURING CORPORATION

Principal Place of Business

Mailing Address

129 PEYTON STREET
 TALLAHASSEE, KS 66801

C/O CORPORATION SERVICE CO.
 1201 HAYS ST.
 TALLAHASSEE FL 32301-2608

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

48-0575295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

~~After MAY 1, 2000 Fee will be \$550.00~~

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, THOMAS	
STREET ADDRESS	4311 W. 70TH STREET	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66208	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOPKINS, KEN	
STREET ADDRESS	1570 BURLINGAME ROAD	
CITY-ST-ZIP	EMPORIA KS	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	JANNING, JAMES	
STREET ADDRESS	7701 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMALZ, WILLIAM	
STREET ADDRESS	7701 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAMACHER, SAMUEL	
STREET ADDRESS	7701 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOWLING, ELIZABETH V	
STREET ADDRESS	7701 FORSYTH BLVD, #600	
CITY-ST-ZIP	ST LOUIS MO 63105	

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	ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY L. BIGGINS	
STREET ADDRESS	7701 FORSYTH #600	
CITY-ST-ZIP	ST. LOUIS, MO 63105	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-00

Date

314-727-5550

Daytime Phone #

CR2E034 (9/99)