

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90308 031 ***150.00

0622128 AT

DOCUMENT # F96000004683

1. Entity Name
PACIFIC AND SOUTHERN COMPANY, INC.



Principal Place of Business
**1000 MARKET STREET
ST LOUIS MO 63101
US**

Mailing Address
**7950 JONES BRANCH DR
TAX DEPT
MCLEAN VA 22107
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2599556**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

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

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALKER, CECIL L	
STREET ADDRESS	7950 JONES BRANCH DR	
CITY-ST-ZIP	MCLEAN VA 22107	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORKINDALE, DOUGLAS H	
STREET ADDRESS	7950 JONES BRANCH DR	
CITY-ST-ZIP	MCLEAN VA 22107	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BALDWIN, CHRISTOPHER W	
STREET ADDRESS	7950 JONES BRANCH DR	
CITY-ST-ZIP	MCLEAN VA 22107	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCORKINDALE, DOUGLAS H	
STREET ADDRESS	7950 JONES BRANCH DR	
CITY-ST-ZIP	MCLEAN VA 22107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOW, CRAIG A	
STREET ADDRESS	7950 JONES BRANCH DR	
CITY-ST-ZIP	MCLEAN VA 22107	
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 *Christopher W Baldwin*

4/9/2003

703-854-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)