2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005585

1. Entity Name



FILED Jan 14, 2003 8:00 am Secretary of State

AMERICAN DIRECTIONAL BORING, INC.					01-14-2003 90073 033 ***138.73			
ST. LOUIS MO 63132		Mailing Address 1425 NORTH ASHBY R ST. LOUIS MO 63132 US	425 NORTH ASHBY ROAD ST. LOUIS MO 63132					
2. Princip	al Place of Business	3. Mailing Address	. Mailing Address					
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & S	State	City & State			4 FELNumber			
Zip	Country	Zip	Country		43-1710461 5. Certificate of Status Desired	N/1		Not Applicable
	6. Name and Address of Curre	nt Registered Agent	<u> </u>			<i>-</i>	Fee Requi	ired
		nt negistered Agent	Nam		7. Name and Address of New R	egistered #	Agent	
719 BOE	STANKEWITZ, MICHAEL 719 BOB SIKES BLVD.				O. Box Number is Not Acceptable)		
Fort W	ALTON BEACH FL 32547					_		
8 The above	An annual and the state of the		City			FL	Zip Co	de
the oblig	ve named entity submits this statement ations of registered agent.	for the purpose of changing is	ts registered office	or registered	agent, or both, in the State of Flo	rida Lam fa	amiliar with	and appent
Ū	-gate-se agant					radi Tami	Titiligat AAIG	і, апо ассері
SIGNATUŖE	Signature							
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent sig	nature required wh	nen reinstating)	DATE	——	
	FILE NOW!!! FEE IS \$150.00							
Afte Make Chee	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department o	of State			Election Campaign Fina Trust Fund Contribution	ancing	\$5.0	00 May Be
10.	OFFICERS AND							
TITLE	T		11.	- 	ADDITIONS/CHANGES TO OFFICE	CERS AND (DIRECTOR	S IN 11
NAME	FISCHER, DAVID S	☐ Delete	TITLE NAME	Treasu	. R		X Change	Addition
STREET ADDRESS	8407 STATE RT 163		STREET ADDRESS	FISCH	David s			
CITY-ST-ZIP	MILLSTADT IL 62260		CITY-ST-ZIP	Milled	atitule School fd.			
TITLE	٧	Delete	TITLE	- ******	14. 1L 62260			
NAME	EIRVIN, WENDELL C	Delete	NAME			{	☐ Change	☐ Addition
STREET ADDRESS	2800 SERENE CT.		STREET ADDRESS					ĺ
CITY-ST-ZIP	ARNOLD MO 63010		CITY-ST-ZIP					ł
TITLE	S	Delete -	- TITLE · · ·	Scoret				
NAME	KEELEY, JULIE J		NAME	Kaelan	1 , , ,	- D	X Change	☐ Addition
STREET ADDRESS	143 FRONTENAL FOREST		STREET ADDRESS	12247	Larbermi			i
CITY-ST-ZIP	FRONTENAC MD 63131		CITY-ST-ZIP	St. Loui	is, MO 63131			
TITLE	P	☐ Delete	TITLE	Praside			z	
NAME	KEELEY, LAWERENCE P JR		NAME	Keele	2, Lawrence P. Jr	Z	Change	☐ Addition
STREET ADDRESS SITY-ST-ZIP	143 FRONTENAL FOREST		STREET ADDRESS	12247	Conherry			J
	FRONTENAC MD 63131		CITY-ST-ZIP	St. Lou	is Mo 63131			
TITLE NAME		☐ Delete	TITLE				☐ Change	T Addition
TREET ADDRESS			NAME	1		L	_ change	☐ Addition
SITY-ST-ZIP			STREET ADDRESS]				j
			CITY-ST-ZIP					
TLE AME		☐ Delete	TITLE		<u> </u>] Ch	
AME Freet Address	•		NAME			L.] Change	☐ Addition
ITY-ST-ZIP			STREET ADDRESS					1
01-ZII			CITY-ST-ZIP	1				ľ

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

314-426-5200

Daytime Phone #