

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001735

1. Entity Name

SVERDRUP BUILDING CORPORATION

Principal Place of Business

400 SOUTH FOURTH STREET  
ST LOUIS MO 63102-1826

Mailing Address

400 SOUTH FOURTH STREET  
ST LOUIS MO 63102-1826

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 43-1408101

Applied For  
Not Applicable

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

800003623888-1

02/02/01-01012-023  
\*\*\*\*158.76L\*\*\*\*158.75

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, 2001 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 CD  
NAME KREIKEMEIR, K G  
STREET ADDRESS 400 SOUTH 4TH STREET  
CITY-ST-ZIP ST LOUIS MO ☒ Delete

TITLE PD  
NAME GLASER, CARL W  
STREET ADDRESS 1416 HAARMAN OAK DRIVE  
CITY-ST-ZIP CHESTERFIELD MO ☒ Delete

TITLE VD  
NAME WOLEY, GARY E  
STREET ADDRESS 138 LADUE AIR  
CITY-ST-ZIP ST LOUIS MO ☒ Delete

TITLE SD  
NAME SCOTT, JAMES J  
STREET ADDRESS 4650 GRANDCASTLE DRIVE  
CITY-ST-ZIP ST LOUIS MO ☐ Delete

TITLE D  
NAME BEJMER, RICHARD E  
STREET ADDRESS 13013 WHEATFIELD FARM RD  
CITY-ST-ZIP TOWN & COUNTRY MO ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR  
NAME WARREN M. DEANE  
STREET ADDRESS 348 PINE BEND DR  
CITY-ST-ZIP WILDWOOD MO 63005 ☐ Change ☒ Addition

TITLE TREASURER  
NAME JOHN W. PROSSER  
STREET ADDRESS 3323 CASTERA AVE  
CITY-ST-ZIP GLENDALE, CA 91208 ☐ Change ☒ Addition

TITLE ASST. TREASURER  
NAME JEFFERY M. GOLDFARB  
STREET ADDRESS 1420 HIGHLAND VALLEY CIRCLE  
CITY-ST-ZIP WILDWOOD MO 63005 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 JAN 24 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)