

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90036 048 \*\*\*158.75

**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**

**501 N. BROADWAY**  
Suite, Apt. #, etc.

**3. Mailing Address**

**501 N. BROADWAY**  
Suite, Apt. #, etc.

**City & State**

**ST. LOUIS, MO**

**City & State**

**ST. LOUIS, MO**

**4. FEI Number**

**43-1408101**

**Applied For**

**Not Applicable**

**Zip**

**63102**

**Country**

**USA**

**Zip**

**63102**

**Country**

**USA**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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.**

**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, 2002 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**

**TITLE** **D** ☐ Delete  
**NAME** **DEANE, WARREN M**  
**STREET ADDRESS** **348 PINE BEND DR.**  
**CITY-ST-ZIP** **WILDWOOD MO 63005**

**TITLE** **T** ☐ Delete  
**NAME** **PROSSER, JOHN W**  
**STREET ADDRESS** **3323 CASTERA AVE.**  
**CITY-ST-ZIP** **GLEN DALE CA 91208**

**TITLE** **AT** ☐ Delete  
**NAME** **GOLDFARB, JEFFERY M**  
**STREET ADDRESS** **1420 HIGH LAND VALLEY CIR.**  
**CITY-ST-ZIP** **WILDWOOD MO 63005**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**TITLE** ☒ Change ☐ Addition  
**NAME** **ASS'T. SECRETARY**  
**STREET ADDRESS** **JAMES J. SCOTT**  
**CITY-ST-ZIP** **18001 LITTLE PINE CT.**  
**WILDWOOD, MO 63005**

**TITLE** ☐ Change ☒ Addition  
**NAME** **SECRETARY**  
**STREET ADDRESS** **W.C. MARKLEY**  
**CITY-ST-ZIP** **2105 SUNNYBANK DRIVE**  
**LACANADA, CA 91011**

**TITLE** ☐ Change ☐ 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**314-335-4006**

CR2E034 (9/01)