
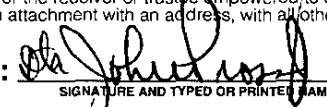


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 041 ***158.75

DOCUMENT # F97000001735																																																																																																																																																											
1. Entity Name SVERDRUP BUILDING CORPORATION																																																																																																																																																											
Principal Place of Business 501 N BROADWAY SAINT LOUIS, MO 63102			Mailing Address 501 N BROADWAY SAINT LOUIS, MO 63102																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address P. O. Box 7084																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State Pasadena, CA		4. FEI Number 43-1408101																																																																																																																																																							
Zip		Country		Applied For Not Applicable																																																																																																																																																							
91109-7084		U. S. A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. 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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:15%; padding: 5px;">TITLE</td> <td style="width:55%; padding: 5px;">D DEANE, WARREN M</td> <td style="width:30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width:15%; padding: 5px;">TITLE</td> <td style="width:55%; padding: 5px;">P Simmons, Brad L.</td> <td style="width:30%; padding: 5px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">348 PINE BEND DR.</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">501 N. 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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:  John W. Prosser, Jr. 04/19/2004 (626) 578-3500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Treasurer																																																																																																																																																											