

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002584

1. Entity Name

THE GANNON DISTRIBUTION COMPANY OF VIETNAM

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 039 ***150.00

Principal Place of Business 12541 BENNINGTON PLACE ST LOUIS MO 63146	Mailing Address 12541 BENNINGTON PLACE ST LOUIS MO 63141-7106
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2. Principal Place of Business 11301 Olive Blvd Suite, Apt. #, etc.	3. Mailing Address 11301 Olive Blvd. Suite, Apt. #, etc.
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City & State St. Louis, MO	City & State St. Louis, MO	4. FEI Number 43-1681903	Applied For Not Applicable
Zip 63141	Country USA	Zip 63141	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FIELD, SYBIL COLEMAN 12515 NORTH KENDALL DRIVE SUITE 430 MIAMI FL 33186	7. Name and Address of New Registered Agent Name Sybil C. Field Street Address (P.O. Box Number is Not Acceptable) 11030 No. Kendall Drive Suite 200 City Miami FL Zip Code 33176
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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 DATE 4-20-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD FRANKE, WILLIAM E 12541 BENNINGTON PLACE ST LOUIS MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD William E. Franke 11301 Olive Blvd. St. Louis, MO 63141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINNICK, FRANK 12541 BENNINGTON PLACE ST LOUIS MO 63146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, ROBERT P 12515 NO KENDALL DRIVE STE 430 MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Greene 11301 Olive Blvd St. Louis, MO 63141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PABST, TERRY L. 12541 BENNINGTON PLACE ST. LOUIS MO 63146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.. Troy W. Gordon 11301 Olive Blvd St. Louis, MO 63141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE 4-20-00 314-989-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #