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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9800000941

COOPER SMITH, INC.

,								
		Mailing Address						
8400 MARYLAND AVENUE		8400 MARYLAND AVENUE						
ST LOUIS MO 63105		ST LOUIS MO 63105		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					02/18/1998			
2. Principal P	Place of Business	2a. Mailing Address		-	4. FEI Number		Ap	plied For
21		26			58-1900159		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional -
22		27			5. Certifcate of Status Desired	J	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip C	Country		8. This corporation owes the current		gible	3Z
24	25	29 30			Personal Property Tax.			ĭNo
	9. Name and Address of Curren	t Registered Agent	—————		10. Name and Address of New Reg	istered A	gent	
C.T.	CORROBATION SYSTEM		81	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable	i)		
	NTATION FL 33324		\Box					
PLAI	NIAHON PL 33324		83		· ·			
			84	City			85 Zip C	Code
					rporation submits this statement for the pur	FL_		
							ment ac tet	aisterea I
office or r	registered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was authorizations of, Section 607.0505, Florida St	tatutes.	ne corpora		DATE		
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an affactyment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRToseph M. Noelker 1/8/99

(314) 259-7000

FILED

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90013 018 ***150.00