

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90090 012 ***150.00

DOCUMENT # **F98000002782**

1. Corporation Name

INSITUFORM TECHNOLOGIES, INC.

Principal Place of Business

**702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

Mailing Address

**702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

13-3032158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
AFFHOLDER, ROBERT
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
HOOPER, ANTHONY
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
KALUSHMAN, JEROME
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KELLEY, ROBERT
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MARTIN, WILLIAM
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD MO 63005**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KAILES, HOWARD
PARK 80 WEST PLAZA TWO
SADDLE BROOK NJ 07663-5835**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
**Tom Kalushman
702 Spirit 40 Park Dr
Chesterfield, mo 63005**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 (314) 530-8080

CR2E034 (1/98)