

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90025 017 ***150.00

DOCUMENT # F98000002782

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3032158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President, CEO and Chairman of
 the Board** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KALISHMAN, THOMAS
 702 SPIRIT 40 PK DRIVE
 CHESTERFIELD MO 63005** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPAS Secretary
 COOK, THOMAS
 702 SPIRIT 40 PARK DRIVE
 CHESTERFIELD MO 63005** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Vice President & Secretary ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCFO
 WHITE, JOSEPH A
 702 SPIRIT 40 PARK DR.
 CHESTERFIELD MO 63005** ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
additional list attached ☐ Change ☐ 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:

THOMAS A. A. COOK
 Secretary

1/9/02

636.530.8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)