

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 040 ***150.00

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1. Entity Name

BI-STATE ROOF SYSTEMS, INC.

Principal Place of Business

600 GLOVER
VALLEY PARK MO 63088-1837

Mailing Address

PO BOX 39
VALLEY PARK MO 63088-0039

2. Principal Place of Business - No P.O. Box #

600 GLOVER

Suite, Apt. #, etc.

3. Mailing Address

PO Box 39

Suite, Apt. #, etc.

City & State

Valley Park, MO

Zip
63088

Country

USA

City & State

Valley Park MD

Zip
63088

Country

USA

4. FEI Number

43-1399821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COX, THOMAS E
STREET ADDRESS 600 GLOVER
CITY-ST-ZIP VALLEY PARK MO 63088

TITLE STD ☐ Delete
NAME ALEXANDER, ANGELA M
STREET ADDRESS 600 GLOVER
CITY-ST-ZIP VALLEY PARK MO 63088

TITLE D ☐ Delete
NAME COX, CHRISTOPHER B
STREET ADDRESS 600 GLOVER
CITY-ST-ZIP VALLEY PARK MO 63088

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Angela M. Alexander, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

636/2253050

Date

Disc Phone #