

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90015 033 ***150.00

DOCUMENT # F98000004005

1. Entity Name
GENMARK OF MISSOURI INCORPORATED

Principal Place of Business 670 MASON RIDGE CENTER DRIVE ST LOUIS MO 63141	Mailing Address 670 MASON RIDGE CENTER DRIVE ST LOUIS MO 63141-8557
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 43-1705397	Applied For <input type="checkbox"/> Not Applicable
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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
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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 _____
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EICHNER, KEVIN C		NAME	
STREET ADDRESS 670 MASON RIDGE CTR DR STE 300		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63141		CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, RICHARD D		NAME	
STREET ADDRESS 670 MASON RIDGE CTR DR STE 300		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63141		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, STEVEN D		NAME	
STREET ADDRESS 670 MASON RIDGE CENTER DRIVE		STREET ADDRESS	
CITY-ST-ZIP ST LOUIS		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, JERRY		NAME	
STREET ADDRESS 670 MASON RIDGE CTR DR STE 300		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63141		CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIS, JOHN W		NAME	
STREET ADDRESS 700 MARKET ST		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63101		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHES, E. THOMAS		NAME	
STREET ADDRESS 700 MARKET ST		STREET ADDRESS	
CITY-ST-ZIP ST LOUIS MO		CITY-ST-ZIP	

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: *[Signature]* **JOEGER** 1/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)