

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000041

1. Entity Name

ESI/VRX SALES DEVELOPMENT CO.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90235 013 ***150.00

Principal Place of Business

Mailing Address

14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO 63043

14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO 63043-4805

2. Principal Place of Business

13900 Riverport Drive

Suite, Apt. #, etc.

3. Mailing Address

13900 Riverport Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Maryland Heights MO

City & State

Maryland Heights, MO

4. FEI Number

43-1832983

Applied For

Not Applicable

Zip

63043

Country

USA

Zip

63043

Country

USA

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, 2000 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	PCD TOAN, BARRETT A 14000 RIVERPORT DRIVE MARYLAND HEIGHTS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASCOMB, STUART L 14000 RIVERPORT DRIVE MARYLAND HEIGHTS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUDREAU, THOMAS M 14000 RIVERPORT DRIVE MARYLAND HEIGHTS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EBLING, KEITH J 14000 RIVERPORT DRIVE MARYLAND HEIGHTS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

(314) 770-1666

CR2E034 (9/99)