

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90483 037 ***150.00

0609827 AT

DOCUMENT # F99000000041

1. Entity Name

ESI/VRX SALES DEVELOPMENT CO.

Principal Place of Business

**13900 RIVERPORT DRIVE
MARYLAND HEIGHTS MO 63043**

Mailing Address

**13900 RIVERPORT DRIVE
MARYLAND HEIGHTS MO 63043**

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

43-1832983

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 ☐ Delete
NAME **PCD**
STREET ADDRESS **TOAN, BARRETT A**
CITY-ST-ZIP **14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13900 RIVERPORT DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BASCOMB, STUART L**
CITY-ST-ZIP **14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13900 RIVERPORT DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BOUDREAU, THOMAS M**
CITY-ST-ZIP **14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13900 RIVERPORT DRIVE**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **AS**
STREET ADDRESS **EBLING, KEITH J**
CITY-ST-ZIP **14000 RIVERPORT DRIVE
MARYLAND HEIGHTS MO**

TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **JOSEPH W. PLUM**
CITY-ST-ZIP **13900 RIVERPORT DR.
MARYLAND HEIGHTS MO 63043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JOSEPH W. PLUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH W. PLUM

3/27/02

314-770-1666

Date

Daytime Phone #

CR2E034 (9/01)