

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90006 022 ***150.00

0599161

DOCUMENT # F99000002324

1. Entity Name

TRI-TEK BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

**14323 SOUTH OUTER 40 ROAD, #201
 ST. LOUIS MO 63017**

**14323 SOUTH OUTER 40 ROAD, #201
 ST. LOUIS MO 63017**

650629



DO NOT WRITE IN THIS SPACE

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 **34-1897687**

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.

(NOT: 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GOWLAND, DOUGLAS R	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, ALLEN C III	
STREET ADDRESS	14323 SOUTH OUTER 40 ROAD, #201	
CITY-ST-ZIP	ST. LOUIS MO 63017	
TITLE	AT	<input type="checkbox"/> Delete
NAME	YOUNG, FELICIA P	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUTIGLIANO, BARBARA A	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD., SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W. Gleespen	
STREET ADDRESS	6480 Rockside Woods Blvd., Suite 330	
CITY-ST-ZIP	Cleveland OH 44131	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Azzolina	
STREET ADDRESS	6480 Rockside Woods Blvd., Suite 330	
CITY-ST-ZIP	Cleveland OH 44131	

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 #

CR2E034 (10/00)