FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 15 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94280

1. Corporation Name
Hellmuth, Obata & Kassabaum, Inc.

Principal Place of Business
One Tampa City Center
Suite 3000
Tampa, Florida 33602

Mailing Address
211 North Broadway, Ste.600
One Metropolitan Square
St. Louis, MO. 63102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: April 3, 1984
3a. Date of Last Report: March 14, 1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 43-1329897 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Edward F. Bartz, Jr.
One Tampa City Center
Suite 3000
Tampa, Florida 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director & Vice President	1.1 TITLE	☐ Change ☐ Addition
NAME	Edward F. Bartz, Jr.	1.2 NAME	
STREET ADDRESS	1609 Hampton Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	1.4 CITY-ST-ZIP	
TITLE	President/Director	2.1 TITLE	☐ Change ☐ Addition
NAME	Jerome J. Sincoff	2.2 NAME	
STREET ADDRESS	211 No. Broadway, Ste. 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO. 63102	2.4 CITY-ST-ZIP	200001408462
TITLE	Director/Vice President	3.1 TITLE	-02/15/95--01111--005 ☐ Change ☐ Addition
NAME	Pete I. Karamitsanis	3.2 NAME	****200.00 ****200.00
STREET ADDRESS	One Tampa City Center, Ste. 3000	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33602	3.4 CITY-ST-ZIP	
TITLE	Secretary	4.1 TITLE	☐ Change ☐ Addition
NAME	Paul L. Watson	4.2 NAME	
STREET ADDRESS	211 No. Broadway, Ste. 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO. 63102	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul L. Watson — 2/6/95 — 314-421-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul L. Watson