## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Jun 03, 2002 8:00 am Secretary of State

06-03-2002 91201 001 \*\*\*550.00

DOCUMENT # H67305 Atlanta + Saint Andrews Bay Railway Company DO NOT WRITE IN THIS SPACE B0124250 2. Principal Place of Business 8182 Maryland Ave 8182 Maryland Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Alln: Tax Attn. Tax City & State City & State 4. FEI Number Applied For Mυ ot Louis 63-6000093 LOUIS Not Applicable Country **16**3105 \$8.75 Additional 5. Certificate of Status Desired 3105 Fee Required 7. Name and Address of Current Registered Agent -Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zin 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS P/Controller TITLE CR2E034B (12/01) Paul K. Koutmann NAME 8182 Maryland Ave STREET ADDRESS STREET ADDRESS CITY-ST-7IP St Louis MO 63 105 CITY-ST-7IP V.P.T. TITLE TITLE Charles A. Hin 11chs NAME NAME STREET ADDRESS 8182 Maryland Ave St Louis MO 63105 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 on an attachment with an address, with all other like empowered. attachment with an address;

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR