2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2003 8:00 am **Secretary of State** L50896 DOCUMENT # 01-22-2003 90160 021 ***150.00 1. Entity Name THE FRU-CON PROJECTS, INC. Principal Place of Business Mailing Address 15933 CLAYTON RD 15933 CLAYTON RD BALLWIN MO 63011 BALLWIN MO 63011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1092643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ≕Name≓ CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Assistant Secretary TITLE ٧D TITLE ☐ Change Delete ISMES FSDEY JACKEL, MATTI NAME NAME 1963 Red COUR PLANTATION Drive STREET ADDRESS 114635 SCHOEHLER MANOR COURT STREET ADDRESS leoed om ,nicullea CITY-ST-ZIP CHESTERFIELD MO 63017 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME RUZICKA, LEONARD R NAME STREET ADDRESS 1947 SUNNY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT LOUIS MO 63122 -TITLE -TITLE_ Change ☐ Addition NAME ZEHNER, ARNIE NAME STREET ADDRESS STREET ADDRESS 1417 CARMAN VALLEY DR. CITY+ST-ZIP CITY-ST-ZIP MANCHESTER MO TITLE ☐ Delete TITLE Change ☐ Addition NAME MALOOF, RICHARD NAME STREET ADDRESS STREET ADDRESS 123 Kathleen ave. CITY-ST-ZIP CITY-ST-7IP wyomissing Pa TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered