

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96154

1. Entity Name  
ZEPF, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 91067 001 \*\*\*600.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
ATTN: JIM GRACZYK  
8020 FORSYTH BLVD  
ST. LOUIS MO 63105  
US

Mailing Address  
ATTN: JIM GRACZYK  
8020 FORSYTH BLVD  
ST. LOUIS MO 63105  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3025484**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

CT 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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	OSTAPOWICZ, PHIL	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	LAWSON, JAMES W	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	COONROD, GREGORY L	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ZACCARELLO, MICHAEL	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORCHELT, CHARLES H	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT H	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank J. Zepf	
STREET ADDRESS	8020 Forsyth Blvd.	
CITY-ST-ZIP	St. Louis, MO 63105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael D. Zaccarello Michael D. Zaccarello, Treasurer 4/17/2001 (314) 862-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)