

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029715 AF

DOCUMENT # M00000001151

1. Entity Name

ASTARIS, LLC

FILED

01 MAR 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

575 MARYVILLE CENTRE DRIVE  
ST LOUIS MO 63141

Mailing Address

575 MARYVILLE CENTRE DRIVE  
ST LOUIS MO 63141



2. Principal Place of Business

622 EMERSON RD

Suite, Apt. #, etc.

SUITE 500

City & State

ST LOUIS, MO

Zip

63141

Country

3. Mailing Address

622 EMERSON RD

Suite, Apt. #, etc.

SUITE 500

City & State

ST LOUIS, MO

Zip

63141

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1858847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

708083853857--8

-03/15/01--01047--021

City

\*\*\*\*\*50.00

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
ROBERT I. HARRIES  
200 E. RANDOLPH DR.  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
ROBERT FIELDS  
200 E. RANDOLPH DR.  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
ALAN L. LOWE  
200 E. RANDOLPH DR  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
MICHAEL MILLER  
575 MARYVILLE CENTER DRIVE  
ST LOUIS, MO 63141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
SHAROL HENRY  
575 MARYVILLE CENTRE DRIVE  
ST LOUIS, MO 63141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
JAMES SULLIVAN  
575 MARYVILLE CENTR DRIVE  
ST LOUIS, MO 63141

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature*  
ALAN L. LOWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/01

Date

312 861 6672

Daytime Phone #

CR2E083 (11/00)