

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002261

1. Entity Name
HANCO INVESTMENTS, L.L.C.

FILED

Principal Place of Business

13358 MANCHESTER ROAD, SUITE 170
ST. LOUIS MO 63131

Mailing Address

13358 MANCHESTER ROAD, SUITE 170
ST. LOUIS MO 63131

01 OCT -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

St Louis MO

3. Mailing Address

731 Mark Wesley Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ballwin Missouri

4. FEI Number 43-1745771

Applied For
Not Applicable

Zip

Country

Zip

Country

63021 U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHANNES, MICHAEL G
2733 BEACON COURT
NAVARRE FL 32566

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

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
Due By September 26, 2001

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-10/15/201-01052-003

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME Member
STREET ADDRESS Teresa M. Sorkin
CITY-ST-ZIP 731 Mark Wesley
Ballwin MO 63021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Member
STREET ADDRESS Alan R. Sorkin
CITY-ST-ZIP 731 Mark Wesley
Ballwin MO 63021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alan R. Sorkin

9/21/01

314 220 0190

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

Date

Daytime Phone #

CR2E083 (5/01)