

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90133 001 ***150.00

DOCUMENT # M01000001876

1. Entity Name
SANSONE - VAILE, L.L.C.

Principal Place of Business C/O SANSONE GROUP 120 SOUTH CENTRAL AVE., STE. 100 ST. LOUIS MO 63105	Mailing Address C/O SANSONE GROUP 120 SOUTH CENTRAL AVE., STE. 100 ST. LOUIS MO 63105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE MGR	NAME ANTHONY F. SANSONE, JR.	STREET ADDRESS 120 S. CENTRAL AVE., #100	CITY-ST-ZIP ST. LOUIS, MO 63105	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE MGR.	NAME JAMES G. SANSONE	STREET ADDRESS (SAME)	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE MGR.	NAME TIMOTHY G. SANSONE	STREET ADDRESS (SAME)	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE MGR.	NAME DOUGLAS G. SANSONE	STREET ADDRESS (SAME)	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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: _____ **REQUIRED**

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

Date

Daytime Phone #

2/1/02 314-727-6664

CR2E083 (9/01)