

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90042 008 ****50.00

DOCUMENT # M03000001380

1. Entity Name
MBS GP 22, L.L.C.



Principal Place of Business
1101 LUCAS AVENUE, 6TH FLOOR
ATTN: HILLARY ZIMMERMAN
ST. LOUIS, MO 63101

Mailing Address
1101 LUCAS AVENUE, 6TH FLOOR
ATTN: HILLARY ZIMMERMAN
ST. LOUIS, MO 63101

24081443



2. Principal Place of Business
1415 Olive Street

3. Mailing Address
1415 Olive Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 310

Suite 310

City & State
St. Louis, MO

City & State
St. Louis, MO

08132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0173800

Applied For
Not Applicable

Zip
63103

Country

Zip
63103

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. 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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUDCO 4, INC.
1101 LUCAS AVENUE, 6TH FLOOR
ST. LOUIS, MO 63101 ☐ 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
1415 Olive Street, Suite 310
St. Louis, MO 63103 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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.

MUDCO 4, Inc., Member

SIGNATURE: By: Hillary B. Zimmerman, V.P.

Hillary B. Zimmerman

8/16/2004

314-621-3400

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

Date

Daytime Phone #