
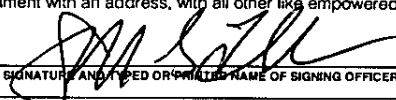


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90064 036 \*\*\*150.00

<b>DOCUMENT # M58547</b> 1. Entity Name <b>LODESTAR TOWER ST. LOUIS, INC.</b>					
Principal Place of Business <b>100 REGENCY FOREST DRIVE STE 100 CARY, NC 27511</b>			Mailing Address <b>100 REGENCY FOREST DRIVE STE 100 CARY, NC 27511</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0026088</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILTZ, TIMOTHY G		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTWOOD, THOMAS A		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, GABRIELA		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELMAN, JAMES S		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNT, DANIEL L		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, JOHN H		NAME		
STREET ADDRESS	100 REGENCY FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>James S. Felman</b> 3/24/05 919-468-0112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					