

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000190

1. Entity Name
SLP CAPITAL II, L.L.C.

Principal Place of Business
712 NORTH SECOND STREET
ST. LOUIS MO 63102

Mailing Address
712 NORTH SECOND STREET
ST. LOUIS MO 63102-2550



DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------------------------------|---------|---------------------------------------------|---------|
| 2. Principal Place of Business <i>10 S. Broadway</i> | | 3. Mailing Address <i>10 S. Broadway</i> | |
| Suite, Apt. #, etc. <i>Suite 1400</i> | | Suite, Apt. #, etc. <i>Suite 1400</i> | |
| City & State <i>St. Louis, MO</i> | | City & State <i>St. Louis, MO</i> | |
| Zip <i>63102</i> | Country | Zip <i>63102</i> | Country |

| | |
|------------------------------------|--------------------------------------------|
| 4. FEI Number 43-1789798 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|-------------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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.

SIGNATURE _____ (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 | | 10. ADDITIONS / CHANGES | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EDMONDS, HENRY M 712 NORTH SECOND STREET ST. LOUIS MO 63102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10 S. Broadway, Suite 1400</i> <i>St. Louis, MO 63102</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM POLK, WILLIAM L 712 NORTH SECOND STREET ST. LOUIS MO 63102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10 S. Broadway, Suite 1400</i> <i>St. Louis, MO 63102</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PERRY, RICHARD W 5800 CORPORATE WAY WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600003298166--8 -06/21/00--01007--008 *****55.00 *****55.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BISSELL, E. PEROT IV 1201 THIRD AVENUE, #1950 SEATTLE WA 98101 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1201 Third Avenue, Suite 2765</i> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *X* **SIGNATURE REQUIRED** *5/31/00* *314-621-2525*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)