

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000190

1. Entity Name

SLP CAPITAL II, L.L.C.

Principal Place of Business

10 S. BLOODWAY, SUITE 1400
ST. LOUIS MO 63102

Mailing Address

10 S. BLOODWAY, SUITE 1400
ST. LOUIS MO 63102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM EDMONDS, HENRY M
STREET ADDRESS 10 S. BROADWAY, SUITE 1400
CITY-ST-ZIP ST. LOUIS MO 63102

TITLE NAME ☐ Delete
MGRM POLK, WILLIAM L
STREET ADDRESS 10 S. BROADWAY, SUITE 1400
CITY-ST-ZIP ST. LOUIS MO 63102

TITLE NAME ☐ Delete
MGRM BISSELL, E. PEROT-IV
STREET ADDRESS 1201 THIRD AVENUE, #3705
CITY-ST-ZIP SEATTLE WA 98101

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
300004420223--9
-06/14/01--01074--020
*****50.00 *****50.00

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

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS 1201 Third Avenue, Suite 2765
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

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:

[Signature]

5/30/01

621-7575

FILED

01 JUN -4 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1789798
Applied For
Not Applicable

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

CR2E083 (11/00)

0032800 SP