

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

0131930 AT

DOCUMENT # P03480

1. Entity Name
FIRSTAR INVESTMENT SERVICES, INC.

08-14-2001 90112 034 ***550.00

Principal Place of Business
301 GIBALTAR DRIVE
SUITE 2A
MORRIS PLAINS NJ 07950

Mailing Address
301 GIBALTAR DRIVE
SUITE 2A
MORRIS PLAINS NJ 07950



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1455383**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
 NAME **GABRIEL, JONATHAN P**
 STREET ADDRESS **301 GIBALTAR DR., SUITE 2A**
 CITY-ST-ZIP **MORRIS PLAINS NJ 07950**

TITLE **P** ☒ Change ☐ Addition
 NAME **MCCORMACK, DANIEL JOSEPH**
 STREET ADDRESS **777 S. WISCONSIN AVE.**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **D** ☐ Delete
 NAME **DAVIS, RICHARD**
 STREET ADDRESS **425 WALNUT ST**
 CITY-ST-ZIP **CINCINNATI OH 45201**

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

TITLE **D** ☒ Delete
 NAME **MOFFETT, DAVID M**
 STREET ADDRESS **777 S WISCONSIN AVE**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **D** ☒ Change ☐ Addition
 NAME **JACOBMEYER, CAROL JEAN**
 STREET ADDRESS **1 FIRSTAR PLAZA**
 CITY-ST-ZIP **ST. LOUIS, MO 63101**

TITLE **SVP** ☐ Delete
 NAME **GUEVARA, CARLOS J**
 STREET ADDRESS **301 GIBALTAR DR SUITE 2A**
 CITY-ST-ZIP **MORRIS PLAINS NJ 07950**

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

TITLE **D** ☐ Delete
 NAME **SHORT, STEVEN**
 STREET ADDRESS **425 WALNUT ST**
 CITY-ST-ZIP **CINCINNATI OH 45201**

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

TITLE **S** ☒ Delete
 NAME **CARLSON, JENNIE P**
 STREET ADDRESS **777 E WISCONSIN AVE**
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **S** ☒ Change ☐ Addition
 NAME **HIOY, RICHARD J.**
 STREET ADDRESS **425 WALNUT ST.**
 CITY-ST-ZIP **CINCINNATI, OH 45201**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS J GUEVARA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01

973-971-3134

Date Daytime Phone #

CR2E034 (5/01)