

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03991 (7)  
1. Corporation Name  
ST. LOUIS INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

ONE BOATMEN'S PLAZA  
800 MARKET STREET  
ST. LOUIS MO 63101

401 N. TRYON ST.  
NC1-021-03-09  
CHARLOTTE NC 28225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1984

4. FEI Number

43-0972329

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. 401 N TRYON ST NC1-021-03-09  
21 CHARLOTTE NC 28225

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

25 Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ADEMY, GERALD P  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE SRVP  
NAME WILLIAMS, GARY S  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE S  
NAME DANNEHOLD, SANDRA A  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE D  
NAME BERGFELD, E. WILLIAM  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☐ DELETE

TITLE D  
NAME FITZROY, FOREST S  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☒ DELETE

TITLE D  
NAME OTTO, LAWRENCE K  
STREET ADDRESS 401 N. TRYON ST. NC1-021-03-09  
CITY-ST-ZIP CHARLOTTE NC 28255

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P/D

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

VP

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary S Williams 4-27-98 754 381 5956

CR2E034 (10/97)