

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90114 001 \*\*\*600.00

**DOCUMENT # P07503**

1. Entity Name

**BARRY-WEHMILLER DESIGN GROUP, INC.**

Principal Place of Business

Mailing Address

8020 FORSYTH BLVD  
 ST. LOUIS MO 63105  
 US

8020 FORSYTH BLVD ATTN JIM GRACZYK  
 ST LOUIS MO 63105-1707  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1307784**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	VPDC	<input type="checkbox"/> Delete
NAME	LAWSON, JAMES W	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COONROD, GREGORY L	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORCHELT, CHARLES H.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	AST	<input type="checkbox"/> Delete
NAME	ZACCARELLO, MICHAEL D	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTAPOWICZ, PHILLIP G	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT H	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO 63105	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Michael D. Zaccarello*      **Michael D. Zaccarello**      Date: **4/19/2000**      Daytime Phone #: **(314) 862-8000**

CR2E034 (9/99)