2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 09293 Apr 24, 2000 8:00 am **Secretary of State** CLARK G. I, C., INC. 04-24-2000 90012 048 ***150.00 Principal Place of Business Mailing Address 8182 MARYLAND AVE 8182 MARYLAND AVE ST LOUIS MO 63105 ST. LOUIS MO 63105 NO034184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 43- 1294749 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible* 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. AS Addition TITLE TITLE ☐ Delete HUGHES, CHRISTINE NAME 8182 MARYLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ST LOUIS MO 63/05 Addition ☐ Change ☐ Delete TITLE NOVELLY, P.A. NAME STREET ADDRESS 8182 MARYLAND AVE STREET ADDRESS CITY-ST-ZIP ST LOUIS MO 63105 VPT ____,Change___ _ Addition__ TITI F . Delete TITLE NAME HANK, JOHN L JR NAME STREET ADDRESS STREET ADDRESS 8182 MARYLAND AVE CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63105 □ Change ☐ Addition ☐ Delete TITLE TITI F NOVELLY . P.A. NAME NAME 8182 MARYLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T LOUIS MO 63/05 ☐ Change ■ Addition TITLE ☐ Delete TITLE LYNCH, LAURANCE J. NAMÉ STREET ADDRESS STREET ADDRESS 8182 MARYLAND AVE CITY-ST-ZiP CITY-ST-ZIP ST LOUIS MO 63105 Addition ☐ Change Delete TITLE TITLE INGRAM, JOSEPH H 8182 MARYLAND AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 63/05 CITY-ST-ZIP ST LOUIS MO 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.

Joseph H Ingram Asst Secret SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

SIGNATURE: