FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90051 022 ***150.00

DOCUMENT # P09293

1. Entity Name
CLARK G.I.C., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8235 FORSYTH BLVD	8235 FORSYTH BLVD
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
City & State CLAYTON MO	City & State CLAYTON MO
Zip 63105 Country USA	Zip 63105 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1294749 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD

City: PLANTATION **FL** Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	DPS
NAME	NOVELLY, P.A.
STREET ADDRESS	8235 FORSYTH BLVD
CITY-ST-ZIP	CLAYTON MO 63105
TITLE	VPT
NAME	HANK, JOHN L JR
STREET ADDRESS	8235 FORSYTH BLVD
CITY-ST-ZIP	CLAYTON MO 63105
TITLE	AT
NAME	HUGHES, CHRISTINE
STREET ADDRESS	8235 FORSYTH BLVD
CITY-ST-ZIP	CLAYTON MO 63105
TITLE	AS
NAME	LYNCH, LAURANCE J
STREET ADDRESS	8235 FORSYTH BLVD
CITY-ST-ZIP	CLAYTON MO 63105
TITLE	AS
NAME	INGRAM, JOSEPH H
STREET ADDRESS	8235 FORSYTH BLVD
CITY-ST-ZIP	CLAYTON MO 63105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Joseph H. Ingram

SIGNATURE: Joseph H Ingram, Assistant Secretary 4/19/2002 (314)889-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #