2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91044 033 ***150.00

DOCUMENT # P09293

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

Principal Place of Business	Mailing Address
8235 FORSTYH BLVD STE 400 ST. LOUIS MO 63105	8235 FORSTYH BLVD STE 400 ST. LOUIS MO 63105

☒ CHECK HERE IF MAKING CHANGES

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 43-1294749 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HIGHES, CHRISTINE 8235 FORSYTH BLVD CLAYTON MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HUGHES, CHRISTINE 8235 FORSYTH BLVD ST. LOUIS, MO 63105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS NOVELLY, P. A. 8235 FORSYTH BLVD CLAYTON MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C NOVELLY, P.A. 8235 FORSYTH BLVD ST. LOUIS MO 63105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HARK, JOHN L JR 8235 FORSYTH BLVD CLAYTON MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T/S HANK, JOHN L JR 8235 FORSYTH BLVD ST. LOUIS MO 63105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LYNCH, LAURANCE J 8235 FORSYTH BLVD CLAYTON MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS INGRAM, JOSEPH H 8235 FORSYTH BLVD SAINT LOUIS MO 63105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CALL, JEFFREY 8235 FORSYTH BLVD ST. LOUIS MO 63105	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph H Ingram SIGNATURE REQUIRED Joseph H Ingram, Assistant Secretary 4/4/2003 (314) 889-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #