FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF
DIVISION OF CORPS

95 JAN 19 AM
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:30

DOCUMENT # P10760 (7)

1. Corporation Name
HSM DEVELOPMENT CORP.

Principal Place of Business
1810 CRAIG ROAD, SUITE #113
CREVE COEUR MO 63146

Mailing Address
1810 CRAIG ROAD, SUITE #113
CREVE COEUR MO 63146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1986
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 11701 BORMAN DR.
22 Suite, Apt. #, etc. 315
23 City & State ST LOUIS MO
24 Zip 63146
25 Country ST LOUIS

2a. Mailing Address
26 11701 BORMAN DR.
27 Suite, Apt. #, etc. 315
28 City & State ST LOUIS MO
29 Zip 63146
30 Country ST LOUIS

4. FEI Number: 43-1388410 — 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 has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VANDER MATEN, LARRY D.
1071 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VANDER MATEN, LARRY D.
STREET ADDRESS	1071 SWEETWATER CLUB BV.
CITY ST ZIP	LONGWOOD FL
TITLE	ST
NAME	NETEMEYER, LOUIS
STREET ADDRESS	1810 CRAIG RD #113
CITY ST ZIP	ST. LOUIS MO
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this report, to the best of my knowledge, is true and complete. I further certify that I am an officer or director of the corporation or the person designated to sign the report as required by Chapter 607, Florida Statutes, and that I am aware of the penalties for filing a false report under oath.

SIGNATURE: Louis J Netemeyer SEC/TR 2/1/95 314-994-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis J Netemeyer

0468803 FP