

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21845

1. Entity Name

TWINSTANT, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90062 002 \*\*\*150.00

Principal Place of Business

Mailing Address

4144 INDUSTRIAL DRIVE  
ST PETERS MO 63376  
US

4144 INDUSTRIAL DRIVE  
ST PETERS MO 63376-6456  
US

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

43-1237845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 PD  
NAME RIGGS, ROBERT L, JR.  
STREET ADDRESS 4638 PERSHING PLACE  
CITY-ST-ZIP ST. LOUIS MO 63108 ☐ Delete

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME SEWELL, NOR AINI  
STREET ADDRESS 55 OAK VALLEY DR.  
CITY-ST-ZIP ST. PETERS MO 63376 ☒ Delete

TITLE Secretary & Director ☒ Change ☒ Addition  
NAME John Olson  
STREET ADDRESS 820 Calle Santa Cruz  
CITY-ST-ZIP Encinitas, CA 92024

TITLE VPD  
NAME MADDEN, MICHAEL  
STREET ADDRESS 13105 FOUPOSTER COURT  
CITY-ST-ZIP ST. LOUIS MO 63146 ☐ Delete

TITLE Assistant Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Treasurer & Director ☒ Change ☒ Addition  
NAME T. Bing Byington  
STREET ADDRESS 14186 Rancho Santa Fe lakes Drive  
CITY-ST-ZIP Rancho Santa Fe, CA 92087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition

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 Madden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Madden, Asst Secretary 02/28/00 636-441-2086

Date

Daytime Phone #

CR2E034 (9/99)