SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:29

DOCUMENT # **P24726** **(2)**

1. Corporation Name
LANDMARK CONTRACT MANAGEMENT, INC.

Principal Place of Business
14528 SOUTH OUTER FORTY ROAD
#350
CHESTERFIELD MO 63017-5743

Mailing Address
14528 SOUTH OUTER FORTY ROAD
#350
CHESTERFIELD MO 63017-5743

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1989
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21 930 Roosevelt Parkway
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Chesterfield, MO
Zip 24 63017-2053 Country 25 St. Louis

2a. Mailing Address
26 930 Roosevelt Parkway
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Chesterfield, MO
Zip 29 63017-2053 Country 30 St. Louis

4. FEI Number: 41-1588629 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☒ Addition
NAME	HORNBURG, BRADLEY H.	12 NAME	
STREET ADDRESS	934 BAINTREE LN	13 STREET ADDRESS	
CITY ST ZIP	MANCHESTER MO	14 CITY ST ZIP	ZIP 63011
TITLE	VS	21 TITLE	☐ Change ☒ Addition
NAME	LINDQUIST, CRAIG A.	22 NAME	
STREET ADDRESS	16000 HUNTERS WAY DR.	23 STREET ADDRESS	
CITY ST ZIP	CHESTERFIELD MO	24 CITY ST ZIP	ZIP 63017
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	~~YEARICK, THOMAS G~~	32 NAME	SMITH, BARRY R.
STREET ADDRESS	~~5012 PITCH PINE DRIVE~~	33 STREET ADDRESS	2312 CONESTOGA TRAIL COURT
CITY ST ZIP	~~ORLANDO FL~~	34 CITY ST ZIP	GLENCOE, MO 63038
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: Craig A. Lindquist — SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Craig A. Lindquist 6/20/95 314/537-1200
Date Daytime Phone #

CR2E034 (3/95)

0102285 FN