

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24726 (2)

1. Corporation Name

LANDMARK CONTRACT MANAGEMENT, INC.



Principal Place of Business

930 ROOSEVELT PKWY
STE 200
CHESTERFIELD MO 63017-2053
US

Mailing Address

930 ROOSEVELT PKWY
STE 200
CHESTERFIELD MO 63017-2053
US

3. Date Incorporated or Qualified
06/13/1989

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 below of registered agent and title, if applicable

Signature typed or printed below of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HORNBERG, BRADLEY H.	
STREET ADDRESS	934 BAIN TREE LN	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LINDQUIST, CRAIG A.	
STREET ADDRESS	18000 HUNTERS WAY DR.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, BARRY R	
STREET ADDRESS	2312 CONESTOGA TRAIL CT	
CITY-ST-ZIP	GLENCOE MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BECKER, ROGER E.	
STREET ADDRESS	121 FRONTENAC FOREST	
CITY-ST-ZIP	ST. LOUIS, MO 63131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	V BECKER, ROGER E.
4. STREET ADDRESS	121 FRONTENAC FOREST
4. CITY-ST-ZIP	ST. LOUIS, MO 63131
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig A. Lindquist, Vice President/Secretary

4/11/96

314/537-1200

Date

Daytime Phone #

CR2E034 (12/95)