CR2E034 (10/02)

Jan 22, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Secretary of State P28493 DOCUMENT # 01-22-2003 90160 020 ***150.00 FRU-CON ENGINEERING INC. Principal Place of Business Mailing Address 15933 CLAYTON RD. 15933 CLAYTON RD. BALLWIN MO 63011 BALLWIN MO 63011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 43-0280556 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VICE PRESIDENT. TITLE Delete TITLE ☐ Change Addition thomas 3 Ratli NAME Leonard, Larry e NAME 0865 OSSENFORT Pd. 15414 ELK RIDGE LANE STREET ADDRESS STREET ADDRESS 110Ed 0m, boow617cu CITY-ST-ZIP CHESTERFIELD MO 63017 CITY-ST-ZIP vice President michael 7. Foazetu 345 morristouri Ct TITLE ☐ Delete TITLE Change **Addition** NAME NAME meyer, rick 11326-F POINTE SOUTH DR. STREET ADDRESS STREET ADDRESS chesterfield, mo 63017 CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO TITLE - Delete --- - --TITLE ☐ Change ☐ Addition NAME holthouse. Gregory NAME STREET ADDRESS STREET ADDRESS 229 TIMBER TREE CT CITY-ST-ZIP CITY-ST-ZIP Ballwin MO 63011 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ruzicka, leonard R. NAME STREET ADDRESS 1947 SUNNY DR. STREET ADDRESS City-ST-7IP KIRKWOOD MO CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Sames Faber NAME FOBER, JAMES NAME STREET ADDRESS 1262 RED OAK PLANTATION STREET ADDRESS CITY-ST-ZIP iballwin mo 63021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

1-8-03 636-391-4510 Date Daytime Phone #