

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90052 022 ***150.00

DOCUMENT # P30743


1. Entity Name
CPTPFC, INC.

Principal Place of Business O. BOX 790104 MSH# 822 LOUIS MO 63179	Mailing Address P. O. BOX 790104 MSH#822 ST. LOUIS MO 63179-0104 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

C0084600



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3614604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEVINSON, CARL E 12855 N OUTER 40 DR ST LOUIS MO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AT LOWRY, STEPHEN C 12855 N. OUTER FORTY DRIVE ST. LOUIS MO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S BOYHER, JEFFERY L. 670 MASON RIDGE VENTER D ST. LOUIS MO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V JONES, ROBERT J 12855 N OUTER 40 DR ST LOUIS MO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP COLVIN, KAREN 12855 N OUTER FORTY DR ST PUIS MO 63141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 *Stephen C. Lowry* **Stephen C. Lowry, Treasurer** **4/25/00** **314-851-6454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
C0084600
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CITIBANK[®]

Produced: April 25, 2000

INVOICE INFORMATION

<u>Payee Name</u>	<u>Brief Description</u>	<u>Mailing Address</u>
FL Department Of S	FL-CPT Annual Report	P O Box 1500 Tallahassee, FL 32302-1500

GENERAL INFORMATION

<u>State Code</u>	<u>Brief Description</u>	<u>Registered Agent</u>
FL	FL-CPT Annual Report	C T Corporation System 1200 South Pine Island Rd. Plantation, Florida 33324

<u>Company Code</u>	<u>Business Activity</u>	<u>Co. Name-Address</u>
CPT	Mortgage Loan-Inactive	CPTPFC, Inc. 12855 N. Outer Forty Drive, MS 822 St. Louis, MO 63141

INITIAL FINANCIAL INFORMATION

<u>Federal</u>					
<u>Tax ID</u>	<u>Capital Stock</u>	<u>Authorized</u>	<u>Issued</u>	<u>Par</u>	<u>No Par</u>
13-361-4604	Common	100,000	Authorized	\$1.00	

<u>State of</u>	<u>Date of</u>	
<u>Incorporation</u>	<u>Incorporation</u>	<u>Fiscal Period</u>
Delaware	07-24-1990	December 31

CURRENT FINANCIAL INFORMATION

Value Of Property

LIST OF OFFICERS AND DIRECTORS

Produced: April 25, 2000

CPTPFC, Inc.
12855 N. Outer Forty Drive, MS 822
St. Louis, MO 63141

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NAME/TITLE/ADDRESS	BIRTH DATE	DIRECTOR	EFFECTIVE DATE
Carl Levinson, Chairman-CEO 113 Great Oaks Road East Hills, NY 11577	09/13/1946	Yes	
Jeffery Boyher, Sec.-V.Pres. 127 Country Creek Court Ballwin, MO 63011	10/21/1953	No	
Stephen C. Lowry, Treas.-V.P. 11204 Sherwood Oak Court St. Louis, MO 63146	07/18/1953	No	
Robert J. Jones, Vice President 1258 King's Trail Fenton, MO 63026	05/22/1965	No	
Karen Colvin, Vice President 441 Reavis Place St. Louis, MO 63119	06/11/1957	No	