

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90145 012 ***150.00

0568456

DOCUMENT # P30743

1. Entity Name
CPTPFC, INC.

Principal Place of Business

P. O. BOX 790104
 SUITE MSH# 822
 ST. LOUIS MO 63179
 US

Mailing Address

P. O. BOX 790104
 MSH#822
 ST. LOUIS MO 63179
 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 **13-3614604**

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, 2001 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 **C** ☐ Delete
 NAME **LEVINSON, CARL E**
 STREET ADDRESS **12855 N OUTER 40 DR**
 CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
 NAME **See attached**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☐ Delete
 NAME **LOWRY, STEPHEN C**
 STREET ADDRESS **12855 N. OUTER FORTY DRIVE**
 CITY-ST-ZIP **ST. LOUIS MO**

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

TITLE **S** ☐ Delete
 NAME **BOYHER, JEFFERY L.**
 STREET ADDRESS **670 MASON RIDGE VENTER D**
 CITY-ST-ZIP **ST. LOUIS MO**

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

TITLE **V** ☐ Delete
 NAME **JONES, ROBERT J**
 STREET ADDRESS **12855 N OUTER 40 DR**
 CITY-ST-ZIP **ST LOUIS MO**

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

TITLE **VP** ☐ Delete
 NAME **COLVIN, KAREN**
 STREET ADDRESS **12855 N OUTER FORTY DR**
 CITY-ST-ZIP **ST PUIS MO 63141**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: _____

Karen Colvin, VP

4/17/01

(314) 851-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachments

*P36743
D0048738*

citimortgage

citigroup

Produced: April 17, 2001

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