2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUM 1. Entity Name SCOTTRA						04-30-2	2004 90279) 027 ***1	.50.00
Principal Place 12855 FLUSH P.O. BOX 317 ST. LOUIS, MO	HING MEADOW 759	Mailing Address P.O. BOX 31759 ST. LOUIS, MO 63131-0759 US		 		 		 	
2. Principal Place of Business 12800 Corporate Hill		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132004	Chg-P	CR2E0	34 (10/03)	
St. Louis Mo		City & State			4. FEI Number 86-0381976				plied For t Applicable
Zip 6 3/37 Country USA		Zip	Country		5. Certificate	of Status Desire		\$8.75 Addi Fee Required	
	6. Name and Address of Current P	Registered Agent	Name		7. Name and	Address of Nev	w Registered A	\gent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)					
FEARIAIA	ON, FL 33324		City		1		FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	r register	ed agent, or bot	th, in the State of		familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signate	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees				
10.	OFFICERS AND I		11.		ADDITIONS/	/CHANGES TO C	OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RINEY, RODGER O. 12855CFLUSHING MEADOW ST. LOUIS, MO	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	128 5+.	coo Corp Louis,	MO 6	illprive 3131		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS RINEY, PAULA C. 1285 FLUSHING AVE MEADOW ST. LOUIS, MO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ame as			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIESE, RONALD 12855 FLUSHING MEADOW ST LOUIS, MO	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA	ME AS	ABOVE	·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WULF, JANE 12855 FLUSHING MEADOWS SAINT LOUIS, MO 63131	☐ Delete 、	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAV	me As ,	ABOVE		∑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor or on an attachment with an address, v	s true and accurate and that re owered to execute this report	my signature shall h t as required by Cha t.	nave the s apter 607	same legal effec 7, Florida Statute	ct as if made und	der oath; that I a name appears ii	am an officer n Block 10 or	or director Block 11 if
SIGNATURE: Konald D. Wiese KONALD D. Wiese 127/04 3/4-965-1555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									