


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90032 023 \*\*\*150.00

**DOCUMENT # P33900**  
 1. Entity Name  
**I. LEVY & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 1630 DES PERES RD      1630 DES PERES RD  
 S-300      S-300  
 ST. LOUIS, MO 63131 US      ST. LOUIS, MO 63131 US

**20002003**



2. Principal Place of Business      3. Mailing Address  
**645 Maryville Centre Dr.**      **645 Maryville Centre Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 200**      **Suite 200**

01042005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**St. Louis, MO**      **St. Louis, MO**

4. FEI Number      Applied For  
**43-1274402**      Not Applicable

Zip      Country      Zip      Country  
**63141-5815**      **USA**      **63141-5815**      **USA**

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	
<b>LEXISNEXIS DOCUMENT SOLUTIONS INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, IRVING	NAME	
STREET ADDRESS	520 UPPER CONWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, SUSAN J.	NAME	
STREET ADDRESS	520 UPPER CONWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Stephen B. Levy
STREET ADDRESS		STREET ADDRESS	8104 Roxburgh, Apt. 2E
CITY-ST-ZIP		CITY-ST-ZIP	Clayton, MO 63105
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

**SIGNATURE:**       **1/10/05**      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #