2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34862 May 16, 2000 8:00 am Secretary of State 1. Entity Name HANSEN ENGINEERING GROUP, INC. 05-16-2000 90168 011 ***150.00 Mailing Address Principal Place of Business 11754 WESTLINE INDUSTRIAL DRIVE 11754 WESTLINE INDUSTRIAL DRIVE ST. LOUIS MO 63146-3402 ST. LOUIS MO 63146 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 43-1444217 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, ROBIN-Street Address (P.O. Box Number is Not Acceptable) 3938 BLOOMING HILL LANE PALM HARBOR FL 34684 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTVS ☐ Change ☐ Addition TITI F TITLE ☐ Delete HANSEN, RONALD A. NAME NAME STREET ADDRESS 9 SHAMBLIN DRIVE STREET ADDRESS CITY-ST-ZIP FLORISSANT MO CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME Silver British Const STREET ADDRESS STREET ADDRESS 10.00 G TO TO THE TO CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

KONALD A. HANSI

4/19/2000 314-997-7654
Daylore Phone #