

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35490

1. Entity Name

PMI NUTRITION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90110 027 ***150.00

Principal Place of Business

Mailing Address

1401 S. HANLEY ROAD
POB 66812
ST LOUIS MO 63144

1401 S. HANLEY ROAD
POB 66812
ST LOUIS MO 63144-2902

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

36-3437650

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

C T CORPORATION SYSTEM
1200 SOUTH 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, 2000 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 PD ☐ Delete
NAME MEINZ, DEL G
STREET ADDRESS 1401 S. HANLEY RD.
CITY-ST-ZIP ST. LOUIS MO 63144

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

TITLE S ☐ Delete
NAME KABBLES, DAVID G
STREET ADDRESS 1401 S HANLEY RD
CITY-ST-ZIP ST. LOUIS MO 63144

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

TITLE T ☐ Delete
NAME MARKEL, LYNN F
STREET ADDRESS 4111 E 37TH ST. NORTH
CITY-ST-ZIP WICHITA KS 67220

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

TITLE AT ☐ Delete
NAME RIOLA, BEVERLY D
STREET ADDRESS 1401 S. HANLEY RD.
CITY-ST-ZIP ST. LOUIS MO

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

TITLE AS ☐ Delete
NAME CALDWELL, H. ALLAN
STREET ADDRESS 4111 E 37TH ST. N
CITY-ST-ZIP WICHITA KS 67220

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

TITLE AT ☐ Delete
NAME BRYANT, JILL
STREET ADDRESS 4111 E 37TH ST. N
CITY-ST-ZIP WICHITA KS 67220

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
103245
#P35490

PMI NUTRITION, INC.
FEIN: 36-3437650

TITLE	<u>OFFICERS</u>	<u>BUSINESS ADDRESS</u>
P, T, D	Del G. Mainz	1401 S. Hanley Rd. St. Louis, MO 63144
S	David Kabbes	1401 S. Hanley Rd. St. Louis, MO 63144

Updated: 05/17/99
X:\OFFICERS\PMIN.XLS)