

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90031 016 ***150.00

DOCUMENT # P35497

1. Entity Name
BANK BUILDING CORPORATION

Principal Place of Business **Mailing Address**
13537 BARRETT PARKWAY DRIVE, SUITE 215 **13537 BARRETT PARKWAY DRIVE, SUITE 215**
MANCHESTER MO 63021-5866 **MANCHESTER MO 63021-5866**

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 **36-3729610** **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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ **Delete**
NAME **GOLITZ, JOHN T.**
STREET ADDRESS **415 WEST GOLF ROAD, #19**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL**

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

TITLE **VC** ☐ **Delete**
NAME **DUNLAP, REX H.**
STREET ADDRESS **13537 BARRETT PARKWAY DR**
CITY-ST-ZIP **MANCHESTER MO**

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

TITLE **SD** ☐ **Delete**
NAME **UNGASHICK, JOHN M.**
STREET ADDRESS **415 WEST GOLF ROAD, #19**
CITY-ST-ZIP **ARLINGTON HEIGHTS IL**

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

TITLE **TD** ☐ **Delete**
NAME **ZAEGEL, CHARLES J.**
STREET ADDRESS **13537 BARRETT PARKWAY DR**
CITY-ST-ZIP **MANCHESTER MO**

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

TITLE **VD** ☐ **Delete**
NAME **KREISHMAN, JOHN A**
STREET ADDRESS **13537 BARRETT PKWY DR**
CITY-ST-ZIP **MANCHESTER MO**

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

TITLE **P** ☐ **Delete**
NAME **BLAIR, KEVIN J**
STREET ADDRESS **13537 BARRETT PARKWAY DR**
CITY-ST-ZIP **MANCHESTER MO 63021**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)