


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 031 ***150.00

DOCUMENT # P35497
 1. Entity Name
BANK BUILDING CORPORATION



Principal Place of Business
 13537 BARRETT PARKWAY DRIVE
 SUITE 200
 MANCHESTER, MO 63021-5866

Mailing Address
 13537 BARRETT PARKWAY DRIVE
 SUITE 200
 MANCHESTER, MO 63021-5866

50010694



2. Principal Place of Business
15450 SOUTH OUTER FORTY RD

3. Mailing Address
15450 SOUTH OUTER FORTY RD.

Suite, Apt. #, etc.
300

04052006 Chg-P CR2E034 (11/05)

City & State
CHESTERFIELD, MO

City & State
CHESTERFIELD, MO

Zip
63017

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. 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, 2006 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	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLITZ, JOHN T.			NAME			
STREET ADDRESS	415 WEST GOLF ROAD, #19			STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANION, JR., ROBERT E			NAME			
STREET ADDRESS	13537 BARRETT PARKWAY DR			STREET ADDRESS	15450 SOUTH OUTER FORTY RD		
CITY-ST-ZIP	MANCHESTER, MD 63021			CITY-ST-ZIP	CHESTERFIELD, MO 63017		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNGASHICK, JOHN M			NAME			
STREET ADDRESS	415 WEST GOLF ROAD, #19			STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAEGEL, CHARLES J.			NAME			
STREET ADDRESS	13537 BARRETT PARKWAY DR			STREET ADDRESS	15450 SOUTH OUTER FORTY RD		
CITY-ST-ZIP	MANCHESTER, MO			CITY-ST-ZIP	CHESTERFIELD, MO 63017		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, KEVIN J			NAME			
STREET ADDRESS	13537 BARRETT PARKWAY DR			STREET ADDRESS	15450 SOUTH OUTER FORTY RD		
CITY-ST-ZIP	MANCHESTER, MO 63021			CITY-ST-ZIP	CHESTERFIELD, MO 63017		
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 exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: *John M. Ungashick* JOHN M. UNGASHICK 04-05-06 (847) 228-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X-11