## 2003 FOR PROFIT CORPORATION

## Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000014154 DOCUMENT # 1. Entity Name 04-18-2003 90441 049 \*\*\*150.00 MISSOURI TRADING COMPANY Principal Place of Business Mailing Address 8018 NW 100 WAY 8018 NW 100 WAY TAMARAC FL 33321 TAMARAC FL 33321 LIS 2. Principal Place of Busin CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 65-0831785 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired POLLHAL Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent ANDERSON, ROBERT T 8018 NW 100 WAY TAMARAC FL 33321 AMARAC the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations of reg SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. U ICE PRESIDENT TITLE ☐ Delete TITI F ANDERSON, ROBERT T. NAME NAME 8018 NW 100 WAY STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-7IP CITY-ST-ZIP SD ~ √ Delete TITLE Change ☐ Addition NAME WOLLRAB, EDWARD NAME 435 PENNSYLVANIA AVE STE 139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GLEN ELLYN IL 60137 ۷P ☐ Delete TITLE PRESIDENT **C**hange ☐ Addition TITLE KATHUSENA NAME JOHNSON, KATHLEEN NAME 218 NOD 100 Was STREET ADDRESS 5030 (61-206) CHAMPION BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33071** LAMARKE, ☐ Delete TITLE TBELOWALR **X** Addition CHARD & LUD KOREN NAME NAME 30-140 TESSON FERRY ROAD STREET ADDRESS STREET ADDRESS

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 a all other like empowered

CITY-ST-ZIP

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SIGNATURE:

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- LOUIS

ECRETAR

JAMES BARLOW

III LEET PORT PIAZA,

Change

■ Addition

FILED