

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000005262**1. Entity Name  
**HALLMARK SENIOR HOUSING, INC.**Principal Place of Business  
212 S. CENTRAL  
SUITE 301  
ST. LOUIS MO 63105Mailing Address  
212 S. CENTRAL  
SUITE 301  
ST. LOUIS MO 63105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**36-4213278**

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****KENNEY THERESA MESQ**  
**10110 SAN JOSE BLVD.****JACKSONVILLE FL**  
**32257**

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 \_\_\_\_\_ **03/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 **V** ☐ Delete  
NAME **HEINZ GEORGENE R**  
STREET ADDRESS **212 S CENTRAL STE 301**  
CITY-ST-ZIP **SAINT LOUIS MO 63105**TITLE **VP** ☒ Change ☐ Addition  
NAME **HEINZ GEORGENE R**  
STREET ADDRESS **212 S CENTRAL STE 301**  
CITY-ST-ZIP **SAINT LOUIS MO 63105**TITLE **T** ☐ Delete  
NAME **CLEMENT GLORIA D**  
STREET ADDRESS **212 S. CENTRAL, SUITE 100**  
CITY-ST-ZIP **ST LOUIS MO 63105**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SCHIFFER LAURENCE A**  
STREET ADDRESS **212 S. CENTRAL, SUITE 200**  
CITY-ST-ZIP **ST LOUIS MO 63105**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **LOVE ANDREW S**  
STREET ADDRESS **212 S. CENTRAL, SUITE 200**  
CITY-ST-ZIP **ST LOUIS MO 63105**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **KENKEL JOSEPH**  
STREET ADDRESS **212 S. CENTRAL, SUITE 301**  
CITY-ST-ZIP **ST LOUIS MO 63105**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **KIRKLAND DAVID L**  
STREET ADDRESS **212 S. CENTRAL, SUITE 301**  
CITY-ST-ZIP **ST LOUIS MO 63105**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: GEORGENE R. HEINZ****VP 03/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**DOUGLAS S. SCHIFFER, SVP & DIRECTOR**  
**4885 OLDE TOWNE PARKWAY**  
**SUITE 103**  
**MARIETTA, GA 30068**