

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90171 044 ***150.00

Case # AI

DOCUMENT # F95000003293

1. Entity Name
RACE ROCK INTERNATIONAL, INC.

Principal Place of Business Mailing Address
8000 MARYLAND AVENUE **8000 MARYLAND AVENUE**
SUITE 375 **SUITE 375**
ST. LOUIS MO 63105-3752 **ST. LOUIS MO 63105-3752**



DO NOT WRITE IN THIS SPACE

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 Applied For

43-1713468 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE NAME | CTD <input type="checkbox"/> Delete |
| STREET ADDRESS | NEWMAN, ANDREW E. |
| CITY-ST-ZIP | 8000 MARYLAND AVENUE, SUITE 375 ST. LOUIS MO 63105-3752 |
| TITLE NAME | D <input type="checkbox"/> Delete |
| STREET ADDRESS | LOVING, SHAWN |
| CITY-ST-ZIP | 8000 MARYLAND AVENUE, SUITE 375 SAINT LOUIS MO 63105-3752 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Andrew E. Newman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)