

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90108 042 ***150.00

DOCUMENT # F95000003293

1. Entity Name

RACE ROCK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8000 MARYLAND AVENUE
 SUITE 375
 ST. LOUIS MO 63105-3752

8000 MARYLAND AVENUE
 SUITE 375
 ST. LOUIS MO 63105-3910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1713468**

Applied For
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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, 2000 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 Delete
 NAME **T CATE, LARRY**
 STREET ADDRESS **2491 PRINCIPAL ROW SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CTD NEWMAN, ANDREW E.**
 STREET ADDRESS **8000 MARYLAND AVENUE, SUITE 375**
 CITY-ST-ZIP **ST. LOUIS MO 63105-3752**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PDS MOORE, ROBERT B.**
 STREET ADDRESS **8000 MARYLAND AVENUE, SUITE 375**
 CITY-ST-ZIP **ST. LOUIS MO 63105-3752**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
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TITLE Delete
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TITLE Change Add
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Add
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

(314) 727-6400

Daytime Phone #