

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90119 043 ***150.00

PARTIAL AT

DOCUMENT # F97000005191

1. Entity Name
KORTE DESIGN, INC.



Principal Place of Business
700 ST. LOUIS UNION STATION, STE. 200
ST. LOUIS MO 63103

Mailing Address
700 ST. LOUIS UNION STATION, STE. 200
ST. LOUIS MO 63103

J00J0258



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **37-1028952**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BREngle, JOHN M	
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEUHAUS, RICK A	
STREET ADDRESS	12441 US HWY. 40	
CITY-ST-ZIP	HIGHLAND IL 62249	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KORTE, RALPH A	
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLTGRAVE, DAVID H	
STREET ADDRESS	12441 US HWY. 40	
CITY-ST-ZIP	HIGHLAND IL 62249	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BOUDOURIS, WILLIAM D	
STREET ADDRESS	12441 US HWY. 40	
CITY-ST-ZIP	HIGHLAND IL 62249	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRINTER, MARK	
STREET ADDRESS	12441 US HWY. 40	
CITY-ST-ZIP	HIGHLAND IL 62249	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W.P.I.C.F.O.
Date 2/13/03 Daytime Phone # 618-654-8611

CR2E034 (10/02)