


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90466 001 ***150.00

DOCUMENT # P35497
 1. Entity Name
BANK BUILDING CORPORATION



Principal Place of Business
13537 BARRETT PARKWAY DRIVE
SUITE 200
MANCHESTER, MO 63021-5866

Mailing Address
13537 BARRETT PARKWAY DRIVE
SUITE 200
MANCHESTER, MO 63021-5866



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
36-3729610

Applied For
 Not Applicable

Zip Country

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOLITZ, JOHN T. 415 WEST GOLF ROAD, #19 ARLINGTON HEIGHTS, IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUNLAP, REX H. <input checked="" type="checkbox"/> Delete 13537 BARRETT PARKWAY DR MANCHESTER, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UNGASHICK, JOHN M. <input type="checkbox"/> Delete 415 WEST GOLF ROAD, #19 ARLINGTON HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAEGEL, CHARLES J. <input type="checkbox"/> Delete 13537 BARRETT PARKWAY DR MANCHESTER, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREISHMAN, JOHN A <input type="checkbox"/> Delete 13537 BARRETT PKWY DR MANCHESTER, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIR, KEVIN J <input type="checkbox"/> Delete 13537 BARRETT PARKWAY DR MANCHESTER, MO 63021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert E. Manion, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13537 Barrett Parkway Dr. Manchester, MD 63021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John M. Ungashick
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John A. Kreishman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kevin J. Blair

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: Charles J. Zaegel 4/29/04 314-821-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #