


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 031 ***150.00

DOCUMENT # P35497
 1. Entity Name
BANK BUILDING CORPORATION



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

50010694



2. Principal Place of Business 3. Mailing Address
15450 SOUTH OUTER FORTY RD **15450 SOUTH OUTER FORTY RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
300 **# 300**

04052006 Chg-P CR2E034 (11/05)

City & State City & State
CHESTERFIELD, MO **CHESTERFIELD, MO**
 Zip Country Zip Country
63017 **63017**

4. FEI Number Applied For
36-3729610 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
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. 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANION, JR., ROBERT E 13537 BARRETT PARKWAY DR MANCHESTER, MD 63021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15450 SOUTH OUTER FORTY RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNGASHICK, JOHN M 415 WEST GOLF ROAD, #19 ARLINGTON HEIGHTS, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAEGEL, CHARLES J. 13537 BARRETT PARKWAY DR MANCHESTER, MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15450 SOUTH OUTER FORTY RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, KEVIN J 13537 BARRETT PARKWAY DR MANCHESTER, MO 63021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15450 SOUTH OUTER FORTY RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John M. Ungashick* **JOHN M. UNGASHICK** **04-05-06** **(847) 228-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X-11