



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P35497 1. Entity Name BANK BUILDING CORPORATION	
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Principal Place of Business 15450 SOUTH OUTER FARM RD 300 CHESTERFIELD, MO 63017	Mailing Address 15450 SOUTH OUTER FARM RD 300 CHESTERFIELD, MO 63017
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3729610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000721500
 05/01/07-80148-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOLITZ, JOHN T. 415 WEST GOLF ROAD, #19 ARLINGTON HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANION, JR., ROBERT E 15450 SOUTH OUTER FARM RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNGASHICK, JOHN M 415 WEST GOLF ROAD, #19 ARLINGTON HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAEGEL, CHARLES J. 15450 SOUTH OUTER FORM RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, KEVIN J 15450 SOUTH OUTER FORM RD CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____

DO NOT WRITE IN THIS SPACE

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 lines empowered.

SIGNATURE:  4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #