

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90251 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P35497**  
 1. Corporation Name  
**FIRST FINANCIAL BUILDING CORPORATION**



Principal Place of Business 13537 BARFETT PARKWAY DRIVE, SUITE 215 MANCHESTER MO 63021-5866	Mailing Address 13537 BARRETT PARKWAY DRIVE, SUITE 215 MANCHESTER MO 63021 5866
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/16/1991</b>	4. FEI Number <b>36-3729610</b>	Applied For No: Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLITZ, JOHN T.	1.2 NAME	
STREET ADDRESS	415 WEST GOLF ROAD, #19	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, REX H.	2.2 NAME	
STREET ADDRESS	13537 BARRETT PARKWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGASHICK, JOHN M.	3.2 NAME	
STREET ADDRESS	415 WEST GOLF ROAD, #19	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAEGEL, CHARLES J.	4.2 NAME	
STREET ADDRESS	13537 BARRETT PARKWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISHMAN, JOHN A	5.2 NAME	
STREET ADDRESS	13537 BARRETT PKWY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBICHAUX, A D	6.2 NAME	Kevin J. Blair
STREET ADDRESS	13537 BARRETT PARKWAY DR	6.3 STREET ADDRESS	13537 Barrett Parkway Dr
CITY-ST-ZIP	MANCHESTER MO	6.4 CITY-ST-ZIP	Manchester, MO 63021

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles J. Zaegel Charles J. Zaegel Date: 4/21/99 314-821-2265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)