

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 009 \*\*\*550.00

**DOCUMENT #** P36849

**1. Entity Name**

EDJ HOLDING COMPANY, INC.

(P)

**DO NOT WRITE IN THIS SPACE**

B0127592

**2. Principal Place of Business**  
201 PROGRESS PARKWAY

**3. Mailing Address**  
12555 MANCHESTER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX REPORTING DEPT

DO NOT WRITE IN THIS SPACE

**City & State**  
MARYLAND HEIGHTS, MO

**City & State**  
ST LOUIS, MO

**4. FEI Number**

43-1449982

Applied For

Not Applicable

**Zip**  
63043

**Country**  
USA

**Zip**  
63131

**Country**  
USA

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**  
CT CORPORATION SYSTEM  
**Street Address (P.O. Box Number is Not Acceptable)**  
C/O CT CORPORATION SYSTEM

1200 SO. PINE ISLAND RD

**City** PLANTATION **FL** **Zip Code** 33324

**DO NOT WRITE IN THIS SPACE**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
DCP  
**NAME**  
BACHMANN, JOHN W  
**STREET ADDRESS**  
201 PROGRESS PARKWAY  
**CITY-ST-ZIP**  
MARYLAND HEIGHTS MO

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
VP  
**NAME**  
POPE, DARRYL L  
**STREET ADDRESS**  
201 PROGRESS PARKWAY  
**CITY-ST-ZIP**  
MARYLAND HEIGHTS MO

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
S  
**NAME**  
SOBOL, LAWRENCE R  
**STREET ADDRESS**  
201 PROGRESS PARKWAY  
**CITY-ST-ZIP**  
MARYLAND HEIGHTS MO

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
T  
**NAME**  
STEVEN NOVIK  
**STREET ADDRESS**  
201 PROGRESS PARKWAY  
**CITY-ST-ZIP**  
MARYLAND HEIGHTS MO

**TITLE**  
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**13. 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **TREASURER** **6/26/02** **314-515-4974**  
Date: Daytime Phone #

CRCE034B (12/01)