



MAIL COMPLETED REPORT AND REMITTANCE TO:
 MISSOURI STATE TREASURER'S OFFICE
 UNCLAIMED PROPERTY
 P.O. BOX 1272
 JEFFERSON CITY, MISSOURI 65102-1272

VIVEK MALEK
 MISSOURI STATE TREASURER
 REPORT OF UNCLAIMED PROPERTY

**SECTION A
 HOLDER REPORTING INFORMATION**

PART I REPORT INFORMATION

DATE PREPARED		REPORT PERIOD ENDING		FEDERAL I.D. NUMBER	HOLDER NUMBER
TOTAL NO. OF ITEMS	TOTAL NO. OF SHARES	TOTAL NO. OF SAFE DEPOSIT BOXES	CHECK NUMBER	CHECK AMOUNT	

PART II HOLDER INFORMATION

THIS REPORT INCLUDES:

ALL BRANCHES AND DIVISIONS ALL SUBSIDIARIES ONLY THIS COMPANY/BRANCH/DIVISION

AFFIX LABEL	NAME OF HOLDER	STATE OF INCORPORATION
	MAILING ADDRESS	DATE OF INCORPORATION
	CITY STATE ZIP COUNTY	

PRIMARY PLACE OF BUSINESS IN **MISSOURI** (CITY, COUNTY, ZIP)

PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER.

PART III PREVIOUS HOLDER INFORMATION

PREVIOUS NAME OF BUSINESS	FEDERAL I.D. NO.	HOLDER NUMBER	DATE OF CHANGE
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PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)

PART IV PRIMARY BUSINESS ACTIVITY INFORMATION

PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION

PART V CONTACT PERSON

CONTACT PERSON	TITLE
PHONE NUMBER EXTENSION	FAX NUMBER

PART VI AUTHORIZATION

I, _____ being first duly sworn under oath, state that I have examined this report of property presumed abandoned under the Missouri Unclaimed Property Act, and that I am duly authorized by the Holder herein to execute this report; and I declare by penalty of perjury that this report is true, correct, and complete, as of said date.

SIGNATURE	TITLE
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NOTE: This verification, if made by a partnership, shall be executed by a partner; if made by an unincorporated association or private corporation, by an officer; and if made by a public corporation, by its chief fiscal officer.

