

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-2

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000000558 (7)**

1. Corporation Name  
**THE CRAWFORD GROUP, INC.**



Principal Place of Business: **600 CORPORATE PARK DRIVE ST. LOUIS MO 63105**  
Mailing Address: **C/O JOHN T. O'CONNELL 600 CORPORATE PARK DRIVE ST. LOUIS MO 63105**

3. Date Incorporated or Qualified: **02/09/1993**  
3a. Date of Last Report: **06/21/1995**  
4. FEI Number: **43-1233684**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**SLAVIK, DENNIS W  
3909 W. HILLSBOROUGH  
TAMPA FL 33614**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (Signature, typed or printed name of registered agent, and date if applicable) [NOTE: Registered Agent signature required when reinstating] DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	TAYLOR, JACK C	
STREET ADDRESS	35 HUNTER AVENUE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	<del>X</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>X</del>	
STREET ADDRESS	<del>X</del>	
CITY-ST-ZIP	<del>X</del>	
TITLE	EVTD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ANDREW C	
STREET ADDRESS	600 CORPORATE PARK DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALBRECHT, DOUGLAS A	
STREET ADDRESS	11525 OLDE CABIN ROAD	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINDLE, JO ANN	
STREET ADDRESS	<del>X</del>	
CITY-ST-ZIP	<del>X</del>	
TITLE	<del>X</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>X</del>	
STREET ADDRESS	<del>X</del>	
CITY-ST-ZIP	<del>X</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Ross, Donald L.
2.4 CITY-ST-ZIP	49 Muirfield St. Louis, MO 63141
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2538 N. Geyer Road
5.4 CITY-ST-ZIP	St. Louis, MO 63131
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Grimes, John E.
6.4 CITY-ST-ZIP	5520 Park Lane Dallas, TX 75220

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John T. O'Connell DATE: 4/23/96 DAYTIME PHONE #: 314-512-5000

CR2E034 (12/95)

ATTACHMENT TO 1996 CORPORATION ANNUAL REPORT FOR  
THE CRAWFORD GROUP, INC. (F93000000558)

Additional Officers:

7.1 VS  
7.2 O'Connell, John T.  
7.3 524 Fox Ridge Road  
7.4 St. Louis, MO 63131

8.1 V  
8.2 Cohn, Marcus T.  
8.3 10066 Carter Manor Dr.  
8.4 St. Louis, MO 63124

9.1 V  
9.2 Holekamp, William F.  
9.3 5 Barclay Woods  
9.4 St. Louis, MO 63124

10.1 V  
10.2 Lortz, William C.  
10.3 2 Oakleigh Lane  
10.4 St. Louis, MO 63124

11.1 V  
11.2 Kennedy, Craig S.  
11.3 5701 Winona  
11.4 St. Louis, MO 63109

12.1 V  
12.2 Snyder, William W.  
12.3 12 Colonial Hills Dr.  
12.4 St. Louis, MO 63141

13.1 AS  
13.2 Huelsing, Diane M.  
13.3 6430 Gramond Dr.  
13.4 St. Louis, MO 63123