


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90129 043 \*\*\*150.00

0529597

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000000558**

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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/09/1993</b>	
21		26	c/o Diane M. Huelsing	4. FEI Number <b>43-1233684</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	600 Corporate Park Drive	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	St. Louis, MO	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	63105	30	Country
25	Country			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> DELETE
NAME	ROSS, DONALD L.	
STREET ADDRESS	49 MUIRFIELD	
CITY-ST-ZIP	ST LOUIS MO	
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	2538 N GEYER ROAS	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBB, IRA M	
STREET ADDRESS	6066 LIDO LANE	
CITY-ST-ZIP	LONG BEACH CA	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1147 Log Cabin Lane
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	550 Barnes Road
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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Diane M. Huelsing* **FOUR** Diane M. Huelsing 4/19/99 314-512-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

F93.000000558  
444830-90129  
43

ATTACHMENT TO 1999 CORPORATION ANNUAL REPORT  
THE CRAWFORD GROUP, INC. (DOCUMENT #F93000000558)

- 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 HOLEKAMP, WILLIAM F.
- 8.3 5 BARCLAY WOODS
- 8.4 ST. LOUIS, MO 63124
  
- 9.1 V
- 9.2 KENNEDY, CRAIG S.
- 9.3 9129 MEADOWGLEN LANE
- 9.4 ST. LOUIS, MO 63126
  
- 10.1 V
- 10.2 SNYDER, WILLIAM W.
- 10.3 12 COLONIAL HILLS DR.
- 10.4 ST. LOUIS, MO 63141
  
- 11.1 AS
- 11.2 HUELSING, DIANE M.
- 11.3 6430 GRAMOND DR.
- 11.4 ST. LOUIS, MO 63123