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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001209

1. Corporation Name
KEEFE COMMISSARY NETWORK, INC.

Principal Place of Business 11525 OLDE CABIN ROAD ST LOUIS MO 63141	Mailing Address C/O JOHN T. O'CONNELL 600 COPROATE PARK DRIVE ST LOUIS MO 63105 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1260 Andes Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 c/o Diane M. Huelsing Suite, Apt. #, etc. 27 600 Corporate Park Drive City & State 28 St. Louis, MO Zip Country 29 63105 30
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3. Date Incorporated or Qualified 03/10/1997	4. FEI Number 43-1697808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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

C T 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	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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSE, DAVID C	1.2 NAME	
STREET ADDRESS	11525 OLDE CABIN ROAD	1.3 STREET ADDRESS	1260 Andes Blvd.
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN T	2.2 NAME	
STREET ADDRESS	600 CORPORATE PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ANDREW C	3.2 NAME	
STREET ADDRESS	600 CORPORATE PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, DOUGLAS A	4.2 NAME	
STREET ADDRESS	11525 OLDE CABIN ROAD	4.3 STREET ADDRESS	1260 Andes Blvd.
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOETTE, DALE C	5.2 NAME	
STREET ADDRESS	11525 OLDE CABIN ROAD	5.3 STREET ADDRESS	1260 Andes Blvd.
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINDLE, ROBERT E	6.2 NAME	
STREET ADDRESS	11525 OLDE CABIN ROAD	6.3 STREET ADDRESS	1260 Andes Blvd.
CITY-ST-ZIP	ST LOUIS MO	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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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

CR2E034 (1/98)