


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001656
 1. Corporation Name
B-LINE SYSTEMS, INC.



Principal Place of Business 3050 SPRUCE ST. ST. LOUIS MO 63103	Mailing Address 3050 SPRUCE ST. ST. LOUIS MO 63103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 502 West Monroe		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/01/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 37-1364402	
City & State 23 Highland IL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 62249		Country 25		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 checked="" type="checkbox"/> Yes <input 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORI, CARL T	1.2 NAME	
STREET ADDRESS	3050 SPRUCE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, DAVID R	2.2 NAME	
STREET ADDRESS	3050 SPRUCE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEICH, PETER A	3.2 NAME	Treasurer
STREET ADDRESS	3050 SPRUCE ST.	3.3 STREET ADDRESS	Kirk A. Richter
CITY-ST-ZIP	ST. LOUIS MO 63103	3.4 CITY-ST-ZIP	3050 Spruce Street St. Louis MO 63103
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASKOWITZ, JEROME I	4.2 NAME	
STREET ADDRESS	3050 SPRUCE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	4.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, THOMAS E	5.2 NAME	
STREET ADDRESS	502 WEST MONROE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL 62249	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORLEY, FLOYD	6.2 NAME	Controller
STREET ADDRESS	3050 SPRUCE ST.	6.3 STREET ADDRESS	Phillip Pingsterhaus
CITY-ST-ZIP	ST. LOUIS MO 63103	6.4 CITY-ST-ZIP	502 West Monroe Highland IL 63349

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: *[Signature]* **REQUIRED** 2-8-99 314-771-5765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)