

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

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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000004490

1. Corporation Name
FLEISHMAN-HILLARD INC.



Principal Place of Business Mailing Address
 200 N. BROADWAY 200 N. BROADWAY
 ST. LOUIS MO 63102 ST. LOUIS MO 63102
 2 63102 2 63102

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		43-1791685	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
	25	29	30		Trust Fund Contribution	<input type="checkbox"/>
24	Country	29	Country	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		10. Name and Address of New Registered Agent		
UNITED CORPORATE SERVICES 801 NORTHEAST 167 STREET SUITE 300 NORTH MIAMI BEACH FL 33162		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WREN, JOHN	1.2 NAME	THOMAS HARRISON
STREET ADDRESS	437 MADISON AVE.	1.3 STREET ADDRESS	437 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	SECRETARY & DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, BARRY	2.2 NAME	
STREET ADDRESS	437 MADISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	
TITLE	DVT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DALE	3.2 NAME	
STREET ADDRESS	437 MADISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	CHAIRMAN & CEO & DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D. GRAHAM	4.2 NAME	
STREET ADDRESS	200 N. BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63102	4.4 CITY-ST-ZIP	
TITLE	TREASURER & DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYCE ROLLINS	5.2 NAME	
STREET ADDRESS	200 N. BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63102	5.4 CITY-ST-ZIP	
TITLE	CHIEF FINANCIAL OFFICER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERIC L. ROHLFING	6.2 NAME	
STREET ADDRESS	200 N. BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63102	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 indicate I 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: *Frederic Rohlifing* **FREDERIC ROHLFING - CFO** 4/22/99 (314) 982-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)