

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 017 ***150.00

DOCUMENT # F97000004490

1. Entity Name
 FLEISHMAN-HILLARD INC.



Principal Place of Business
 200 N. BROADWAY
 SAINT LOUIS, MO 63102

Mailing Address
 200 N. BROADWAY
 SAINT LOUIS, MO 63102 2

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

43-1791685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: WREN, JOHN
 STREET ADDRESS: 437 MADISON AVE.
 CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: SECRETARY Change Addition
 NAME: DEBORAH ZANGARA
 STREET ADDRESS: 437 MADISON AVE.
 CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: SD Delete
 NAME: WAGNER, BARRY
 STREET ADDRESS: 437 MADISON AVE.
 CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: DIRECTOR Change Addition
 NAME: MICHAEL BERKIN
 STREET ADDRESS: 437 MADISON AVE.
 CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: D Delete
 NAME: HARRISON, THOMAS
 STREET ADDRESS: 437 MADISON AVE
 CITY-ST-ZIP: NEW YORK, NY 10022

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: CCD Delete
 NAME: GRAHAM, JOHN D
 STREET ADDRESS: 200 N BROADWAY
 CITY-ST-ZIP: ST LOUIS, FL 63102

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: T Delete
 NAME: WINKELER, WILLIAM *WB*
 STREET ADDRESS: 200 N. BROADWAY
 CITY-ST-ZIP: SAINT LOUIS, MO 63102

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: CFOD Delete
 NAME: ROHLFING, FREDERIC L
 STREET ADDRESS: 200 N. BROADWAY
 CITY-ST-ZIP: SAINT LOUIS, MO 63102

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B Winkel WILLIAM B. WINKELER 4/28/04 (314) 982-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #