

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90133 018 ***150.00

DOCUMENT # H34002

1. Corporation Name A.I. ACQUISITION, INC.

Principal Place of Business 705 OLIVE STREET, RM. 804 ST. LOUIS MO 63101 Mailing Address 705 OLIVE STREET, RM. 804 ST. LOUIS MO 63101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1984 4. FEI Number 43-1350779 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 25 29 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, CHARLES J.	1.2 NAME	
STREET ADDRESS	705 OLIVE, ROOM 804	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, LOUIS A	2.2 NAME	
STREET ADDRESS	705 OLIVE, RM.804	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JOHN T.	3.2 NAME	
STREET ADDRESS	705 OLIVE, RM 804	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLA, JOHN G	4.2 NAME	
STREET ADDRESS	705 OLIVE, ROOM 804	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] REQUIRED 3/15/99 (314) 241-6294 DATE Daytime Phone #

CR2E034 (11/98)