


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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07503 (6)

1. Corporation Name  
BARRY-WEHMILLER DESIGN GROUP, INC.



Principal Place of Business ATTN JIM GRACZYK ST. LOUIS MO 63105 US	Mailing Address ATTN JIM GRACZYK ATT. SUSAN REYNOLDS ST. LOUIS MO 63105 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 8020 Forsyth Blvd 27 Suite, Apt. #, etc. 28 ST. LOUIS, MO 29 Zip 30 63105 Country USA	3. Date Incorporated or Qualified 09/24/1985	3a. Date of Last Report 05/01/1996	4. FEI Number 43-1307784	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

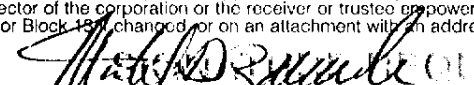
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	
NAME	CHAPMAN, ROBERT H.	12 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	
NAME	TIMOTHY J SULLIVAN	22 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	BORCHELT, CHARLES H.	32 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	34 CITY-ST-ZIP	
TITLE	AST	41 TITLE	
NAME	ZACCARELLO, MICHAEL D	42 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	
NAME	OSTAPOWICZ, PHILLIP G	52 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	54 CITY-ST-ZIP	
TITLE	VPF	61 TITLE	
NAME	KROLL, JORME A	62 NAME	
STREET ADDRESS	8020 FORSYTH BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	64 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:  4/25/97 34 862 8000

CR2E034 (9/96)