

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1998 8:00am
Secretary of State

DOCUMENT # P15332 (0)

1. Corporation Name
KRANSON INDUSTRIES, INC.

Principal Place of Business
**480 NORTH LINDBERGH BOULEVARD
ST. LOUIS MO 63141
US**

Mailing Address
**480 NORTH LINDBERGH BOULEVARD
ST. LOUIS MO 63141
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1987

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

43-0696986

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

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]
Signature of the current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
KRANZBERG, KENNETH
60 PICARDY LANE
ST LOUIS MO** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GLASSMAN, RICHARD S
1145 HIGHLAND POINTE
ST LOUIS MO** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROSE, MARILYNN
877 MALIBU WAY
EDWARDSVILLE IL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STROPE, KEITH
17338 COUNTRY SIDE MAJOR PKWY
CHESTERFIELD MO** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RETOS, PETER
2861 CELTIC LANE
BALWINSVILLE NY** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHMITT, KAREN
12107 AUTUMN LAKES
BRIDGETON MO** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**JANSON, KAREL
12107 Autumn Lakes
Bridgeton, MO 63044**

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.

SIGNATURE *[Signature]*

3/21/98 214-469-3133

CP2E034 (10/97)