

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15876** (6)

1. Corporation Name
SPORLAN VALVE COMPANY



Principal Place of Business
**206 LARGE DRIVE
WASHINGTON MD 63090
US**

Mailing Address
**206 LARGE DRIVE
WASHINGTON MO 63060
US**

3. Date incorporated or Qualified: **09/09/1987**
3a. Date of Last Report: **01/31/1995**

4. FEI Number: **43-0531500**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Subj. Apt. #, etc.
22 City & State
Washington, MO
23 Zip
63090
24 County
US

2a. Mailing Address
26 Subj. Apt. #, etc.
27 City & State
63090
28 Zip
63090
29 Country
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 Accepted)
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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Signature]*

12. OFFICERS AND DIRECTORS

11a. TITLE: **AT** DELETE
NAME: **WEIS, TERRY L.**
STREET ADDRESS: **2868 CATHEDRAL DRIVE**
CITY, STATE, ZIP: **ST. LOUIS MO**

11b. TITLE: **PD** DELETE
NAME: **OHLEMEYER, K.A.**
STREET ADDRESS: **9330 ROBYN HILLS DR.**
CITY, STATE, ZIP: **ST. LOUIS MO**

11c. TITLE: **STD** DELETE
NAME: **LANGE, HAROLD T., JR.**
STREET ADDRESS: **10409 LITZSINGER RD.**
CITY, STATE, ZIP: **ST. LOUIS MO**

11d. TITLE: **VP** DELETE
NAME: **SHELICH, ARDELL J.**
STREET ADDRESS: **#7 SCENIC DR.**
CITY, STATE, ZIP: **WASHINGTON MO**

11e. TITLE: **VP** DELETE
NAME: **HEFFNER, JOSEPH H.**
STREET ADDRESS: **15805 RICHBOROUGH RD.**
CITY, STATE, ZIP: **CHESTERFIELD MO**

11f. TITLE: **D** DELETE
NAME: **LEMKEMIER, NED O.**
STREET ADDRESS: **3 BRIDLE CREEK**
CITY, STATE, ZIP: **ST. LOUIS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. TITLE: Change Addition
NAME:
13a. STREET ADDRESS:
13b. CITY, STATE, ZIP:

12c. TITLE: Change Addition
NAME:
13c. STREET ADDRESS:
13d. CITY, STATE, ZIP:

12e. TITLE: Change Addition
NAME:
13e. STREET ADDRESS:
13f. CITY, STATE, ZIP:

12g. TITLE: Change Addition
NAME:
13g. STREET ADDRESS:
13h. CITY, STATE, ZIP:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, or successor 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]* **Terry L. Weis** **1/31/96** **(314) 239-7711 Ext. 282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)