

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P16517 (5)
 1. Corporation Name
SCS/COMPUTE, INC.



Principal Place of Business Mailing Address
2252 WELSCH IND CT **2252 WELSCH IND CT**
BLDG A **BLDG A**
ST. LOUIS MO 63146 **ST. LOUIS MO 63146-4222**
US **US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
10/23/1987

3a. Date of Last Report
07/19/1996

4. FEI Number

43-1228297

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN, ROBERT W.	
STREET ADDRESS	2252 WELSCH IND CT BLDG A	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WILSON, CHARLES G.	
STREET ADDRESS	2252 WELSCH IND CT BLDG A	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN, ROBERT W SR.	
STREET ADDRESS	2252 WELSCH IND CT BLDG A	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENZIES, EUAN C	
STREET ADDRESS	395 HUDSON ST.	
CITY-ST-ZIP	NW YORK NY 10014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, ANDRES G	
STREET ADDRESS	395 HUDSON ST.	
CITY-ST-ZIP	NEW YORK NY 10014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEA, DAVID	
STREET ADDRESS	395 HUDSON ST.	
CITY-ST-ZIP	NEW YORK NY 10014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard McMurrian	
1.3 STREET ADDRESS	3650 131st Ave. Ste.400	
1.4 CITY-ST-ZIP	Bellevue, WA 98006-1323	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TW Schroeder	
3.3 STREET ADDRESS	2252 Welsch Industrial Ct. Bldg A	
3.4 CITY-ST-ZIP	St. Louis, MO 63146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 if changed, or on an attachment with an address.

SIGNATURE

TW Schroeder

4/30/97

CR2E034 (9/96)