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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P27290 (6)

**1. Corporation Name
MISSOURI MITEK INDUSTRIES, INC.**

Principal Place of Business Mailing Address
14515 N. OUTER FORTY ROAD, STE 300
P O BOX 7359
CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/11/1989 **3a. Date of Last Report 02/01/1994**
4. FEI Number 43-1531931 **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 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Country
24 Zip **25** Country **29** Zip **30** Country

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 re-stating.) **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOOMBS, EUGENE M.
STREET ADDRESS	1116 TEMPLETON PLACE
CITY-ST-ZIP	TOWN & COUNTRY MO
TITLE	VPD
NAME	CASPER, JOHN M.
STREET ADDRESS	1605 BAXTER FOREST RIDGE
CITY-ST-ZIP	CHESTERFIELD MO
TITLE	V
NAME	CONFORTI, MICHAEL D
STREET ADDRESS	688 APPLEWOOD DRIVE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	V
NAME	MANENTI, THOMAS J.
STREET ADDRESS	2536 PEPPERMILL RIDGE DR
CITY-ST-ZIP	CHESTERFIELD MO
TITLE	V
NAME	CABLER, STEPHEN W.
STREET ADDRESS	1164 CHAVANAC DRIVE
CITY-ST-ZIP	MANCHESTER MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete John M. Casper
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP-CFO
2.3 STREET ADDRESS	Hyde, Andrew P.
2.4 CITY-ST-ZIP	950 Cabernet Drive Town & Country, MO 63017
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete Michael D. Conforti
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP-Sec. & Gen. Counsel
4.3 STREET ADDRESS	Carr, Joseph C., Jr.
4.4 CITY-ST-ZIP	14515 N. Outer Forty Rd., Suite 300 Chesterfield, MO 63017
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EVP, N.A.
5.3 STREET ADDRESS	Sordo, Arturo P.
5.4 CITY-ST-ZIP	14515 N. Outer Forty Rd., Suite 300 Chesterfield, MO 63017
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP-Sales
6.3 STREET ADDRESS	Marriott, Richard H., Jr.
6.4 CITY-ST-ZIP	14515 N. Outer Forty Rd., Suite 300 Chesterfield, MO 63017

14. I do 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)(b), Florida Statute. 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: _____ **2/22/95** **314-434-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone Number