

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115249  
 (1)

PROFIT CORPORATION ANNUAL REPORT 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS



FILED

98 AUG 10 PM 3:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P27290 (6)  
 1. Corporation Name  
 MISSOURI MITEK INDUSTRIES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/11/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-1531931	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOMBS, EUGENE M.		1.2 NAME		
STREET ADDRESS	1116 TEMPLETON PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TOWN & COUNTRY MO		1.4 CITY-ST-ZIP		
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYDE, ANDREW P		2.2 NAME		
STREET ADDRESS	950 CABERNET DRIVE		2.3 STREET ADDRESS	100002615561-3	
CITY-ST-ZIP	TOWN AND COUNTRY MO		2.4 CITY-ST-ZIP	-08/13/98-01082-025	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	****150.00 ****150.00	
NAME	MANENTI, THOMAS J.		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2536 PEPPERMILL RIDGE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABLER, STEPHEN W.		4.2 NAME		
STREET ADDRESS	1164 CHAVANIAC DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER MO		4.4 CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORDO, ARTURO P.		5.2 NAME		
STREET ADDRESS	14515 N. OUTER FORTY RD., SUITE 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		5.4 CITY-ST-ZIP		
TITLE	VSGC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, JOSEPH C JR.		6.2 NAME		
STREET ADDRESS	14515 N. OUTER FORTY ROAD STE. 300		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO 63017		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 8/3/98

CR2E034 (5/98)



**MiTek Industries Inc**

PO BOX 7359  
ST LOUIS MO 63177-1359  
14515 NORTH OUTER FORTY  
CHESTERFIELD MO 63017-5746  
USA  
FAX (314) 434 5343  
TELEPHONE (314) 434 1200

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August 3, 1998

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Profit Corporation Annual Report for 1998  
Our File No.: MII 22/9

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 required by the State of Florida for the 1998 Profit Corporation Annual Report fee. The form sent to us this year stated "2<sup>nd</sup> Notice". However, this is the first report form we received from your office this year. I called and talked to someone in your office stating this fact and was told that I could submit this form with \$150.00 and send a letter explaining that we had never received the "1<sup>st</sup> notice".

It was our understanding from this conversation that in the future, if we do not receive a form that we must submit a report without form by May 1st. We will mark our calendar for next year now that we are aware of this fact.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Joe Carr".

Joseph C. Carr, Jr.  
Vice President, Secretary  
and General Counsel

JCC:lp

Enclosure