

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90140 045 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P30596**

1. Corporation Name  
**ANGELICA TEXTILE SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**424 S WOODS MILL RD  
 CHESTERFIELD MO 63016-3406  
 US**

Mailing Address  
**424 S WOODS MILL RD  
 CHESTERFIELD MO 63017-3406  
 US**

3. Date Incorporated or Qualified  
**08/17/1990**

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

4. FEI Number  
**43-1096508**

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 the current year Intangible Personal Property Tax.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, ALAN	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HARRIS, PHIL A.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WITTER, JILL	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, T. M.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEGNAN, T M	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MANN, L. L.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	FREY, STEVEN L.
3.4 CITY-ST-ZIP	424 S. WOODS MILL RD CHESTERFIELD MO 63017
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Linden Mann* **SIGNATURE REQUIRED** Linden: Mann 4/20/99 (314) 854-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)