FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001425 (8)**

1. Corporation Name

CAPE COD-CRICKET LANE, INC.

Principal Place of Business	Mailing Address
600 KELLWOOD PARKWAY CHESTERFIELD MO 63017	600 KELLWOOD PARKWAY CHESTERFIELD MO 63017

3. Date Incorporated or Qualified: **03/23/1993**

3a. Date of Last Report: **06/07/1995**

4. FEI Number: **36-2472410** ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	BOTTUM, EDWARD S	
STREET ADDRESS	100 S. WACKER DR., STE. 1140	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	☐ DELETE
NAME	CONERLY, RICHARD P	
STREET ADDRESS	MARQUETTE BLDG., 315 N. BROADWAY, STE. 955	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	EVPD	☐ DELETE
NAME	JACOBSEN, JAMES C	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	GCS	☐ DELETE
NAME	POLLIHAN, THOMAS H	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	CP	☐ DELETE
NAME	MCKENNA, WILLIAM J	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VPT	☐ DELETE
NAME	JOSEPH, ROGER D	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added as an attachment with an address.

SIGNATURE: R.D. Joseph — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 — Date

314/576-3457 — Daytime Phone #