


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

FILED  
May 08 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F93000001425 (8)

1. Corporation Name  
CAPE COD-CRICKET LANE, INC.

Principal Place of Business  
600 KELLWOOD PARKWAY  
CHESTERFIELD MO 63017

Mailing Address  
600 KELLWOOD PARKWAY  
CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/23/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 Country

28 Zip 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

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 D  
NAME BOTTOM, EDWARD S  
STREET ADDRESS 100 S. WACKER DR., STE. 1140  
CITY-ST-ZIP CHICAGO IL 60606

TITLE D  
NAME CONERLY, RICHARD P  
STREET ADDRESS MARQUETTE BLDG., 315 N. BROADWAY, STE. 955  
CITY-ST-ZIP ST. LOUIS MO 63102

TITLE EVPD  
NAME JACOBSEN, JAMES C  
STREET ADDRESS 600 KELLWOOD PARKWAY  
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE GCS  
NAME POLLIHAN, THOMAS H  
STREET ADDRESS 600 KELLWOOD PARKWAY  
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE CP  
NAME MCKENNA, WILLIAM J  
STREET ADDRESS 600 KELLWOOD PARKWAY  
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE VPT  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D  
2.2 NAME Raymond F. Bentele  
2.3 STREET ADDRESS 13043 Tembrooke Valley Court  
2.4 CITY-ST-ZIP St. Louis, MO 63141


3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE:  R.D. Joseph

4/24/98

314/576-3457

CR2E034 (10/97)