


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90232 020 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 139212</b> 1. Corporation Name <b>ELDER MOVING &amp; STORAGE CO.</b>					
Principal Place of Business <b>#1 MAYFLOWER DRIVE P.O. BOX 26150 FENTON MO 63026 US</b>			Mailing Address <b>#1 MAYFLOWER DRIVE P.O. BOX 26150 FENTON MO 63026 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>06/08/1940</b> 4. FEI Number <b>59-0232173</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM %C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBLATT, MAURICE		1.2 NAME	Larch, Patrick J.	
STREET ADDRESS	1344 N.W. BLVD.		1.3 STREET ADDRESS	One Premier Drive	
CITY-ST-ZIP	VINELAND NY 08360		1.4 CITY-ST-ZIP	Fenton, MO 63026	
TITLE	VC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADLER, GERALD		2.2 NAME		
STREET ADDRESS	2481 ALTON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92714		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLINGTON, DONALD E		3.2 NAME		
STREET ADDRESS	18121 FOREST BRIAR COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD MO 63038		3.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATOURETTE, BRAINERD JR.		4.2 NAME	Golder, Morton I.	
STREET ADDRESS	#7 BERKSHIRE		4.3 STREET ADDRESS	One Premier Drive	
CITY-ST-ZIP	ST. LOUIS MO 63117		4.4 CITY-ST-ZIP	Fenton, MO 63026	
TITLE	CEO	<input type="checkbox"/> DELETE	5.1 TITLE	CEO/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, ROBERT J		5.2 NAME	Baer, Robert J.	
STREET ADDRESS	ONE UNITED DRIVE		5.3 STREET ADDRESS	One Premier Drive	
CITY-ST-ZIP	FENTON MO 63026		5.4 CITY-ST-ZIP	Fenton, MO 63026	
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, JAMES L		6.2 NAME	Lindenberger, Richard B.	
STREET ADDRESS	ONE MAYFLOWER DRIVE		6.3 STREET ADDRESS	One Premier Drive	
CITY-ST-ZIP	FENTON MO 63026		6.4 CITY-ST-ZIP	Fenton, MO 63026	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

314-349-2721

Daytime Phone #

CR2E034 (1/98)