

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 # **182534** (8)  
1. Corporation Name  
**EBSS-SOUTH, INC.**



Principal Place of Business Mailing Address  
**501 NORTH BROADWAY** **P.O. BOX 14445**  
**ST. LOUIS MO 63102** **ST. LOUIS MO 63178**  
**US** **US**

3. Date Incorporated or Qualified **01/03/1955** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **43-0696280** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution **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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC**  
**1201 HAYES STREET**  
**STE - 105**  
**TALLAHASSEE FL 32301**

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 box used when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	MCCAIN, THOMAS K	501 NORTH BROADWAY	ST LOUIS, MO 0	<input type="checkbox"/>
DT	COOPER, DAVID	501 NORTH BROADWAY	ST LOUIS, MO 0	<input type="checkbox"/>
SD	SACHS, ALAN	501 NORTH BROADWAY	ST LOUIS, MO 0	<input type="checkbox"/>
D	SNEIDER, MARTIN	501 NORTH BROADWAY	ST LOUIS, MO 0	<input type="checkbox"/>
PD	MILLER, ALAN	501 NORTH BROADWAY	ST. LOUIS MO	<input type="checkbox"/>
D	NEWMAN, ANDREW	501 N. BROADWAY	ST. LOUIS MO	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)