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Apr 30 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

501 NORTH BROADWAY
ST. LOUIS MO 63102
US

Mailing Address

P.O. BOX 14445
ST. LOUIS MO 63178-4445
US



3. Date Incorporated or Qualified

01/03/1955

3a. Date of Last Report

04/26/1996

4. FEI Number

43-0696280

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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MCCAIN, THOMAS K | |
| STREET ADDRESS | 501 NORTH BROADWAY | |
| CITY-STATE-ZIP | ST LOUIS, MO 0 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | COOPER, DAVID | |
| STREET ADDRESS | 501 NORTH BROADWAY | |
| CITY-STATE-ZIP | ST LOUIS, MO 0 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SACHS, ALAN | |
| STREET ADDRESS | 501 NORTH BROADWAY | |
| CITY-STATE-ZIP | ST LOUIS, MO 0 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SNEIDER, MARTIN | |
| STREET ADDRESS | 501 NORTH BROADWAY | |
| CITY-STATE-ZIP | ST LOUIS, MO 0 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MILLER, ALAN | |
| STREET ADDRESS | 501 NORTH BROADWAY | |
| CITY-STATE-ZIP | ST. LOUIS MO | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NEWMAN, ANDREW | |
| STREET ADDRESS | 501 N. BROADWAY | |
| CITY-STATE-ZIP | ST. LOUIS 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-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | V.D. KARL MICHNER |
| 6.3 STREET ADDRESS | 501 N. BROADWAY |
| 6.4 CITY-STATE-ZIP | ST. LOUIS, MO 63102 |

14. I do 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:

THOMAS MCCAIN, V.P.

4/15/97 314 331-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0483386

CR2E034 (9/96)