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May 12 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 # 239884

(0)

1. Corporation Name
MAY-COHENS, INC.



Principal Place of Business
SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101

Mailing Address
SIXTH AND OLIVE STREETS
ST. LOUIS MO 63101

3. Date Incorporated or Qualified 08/31/1960	3a. Date of Last Report 04/30/1996
4. FEI Number 43-1427814	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KNIFFEN, JAN R.	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOERR, MARTIN M	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARR, LOUIS J JR.	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CERULLI, ROBERT F.	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRICKSON, RICHARD A	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MONET, PHILIPPE J.	
STREET ADDRESS	SIXTH AND OLIVE	
CITY - ST - ZIP	ST LOUIS MO	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald W. Saettele	
1.3 STREET ADDRESS	Sixth + Olive	
1.4 CITY - ST - ZIP	St. Louis, MO 63101	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Ronald W. Saettele* 4/18/97 (314) 342-6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

MAY-COHENS, INC.
LIST OF OFFICERS

<u>NAME</u>	<u>TITLE</u>
Jan R. Kniffen	President
Richard A. Brickson	Vice President and Secretary
Martin M. Doerr	Vice President
Ronald W. Saettele	Vice President
Robert F. Cerulli	Treasurer
Philippe J. Monet	Assistant Secretary

DIRECTORS

Louis J. Garr, Jr.
Richard A. Brickson
Frank J. Williams, Jr.

ADDRESS OF ALL OFFICERS AND DIRECTOR

Sixth and Olive Streets
St. Louis, MO 63101