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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827461

(5)

A.P. GREEN INDUSTRIES, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Place of Busi GREEN BLVD MEXICO MO 65265	ness	Mailing Address GREEN BLVD MEXICO MO 65265							
					3. Date incorporate 02/10/1972	ed or Qualified		e of Last R 5/1996	eport
2. Principal Place of B	usiness	2a. Mailing Address			4. FEI Number				plied For
Suite, Apl. #, etc.		Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		43-0899374			\$8.75	t Applicable
22		27			5. Certificate of Sta	itus Desired		Fee Re	
City & State		City & State		,	6. Election Campa	gn Financing		\$5.00	May Be
23		28			Trust Fund Cont			Added	
- Ζφ 	Country	Ζφ	Counti	ry	8. This corporation Florida Statutes		intangible t Yes		. 199.032,
24 9. Ne	25 ime and Address of Curren	29 t Registered Agent	30		10. Name and Add				
CT CORPOR	ATION SYSTEM		8	1 Name		***************************************	······································	·	
	E ISLAND ROAD		8	Street	Address (P.O. Box Number	ie Not Accepter	701		
PLANTATION				2 30,8017	HUUTESS (F.O. BOX HUITIDEI	is Not Acceptat	JIG į		
			8:	3					
			8	4 City				85 Zip	Code
pr 81.45			<u> </u>	<u></u>	······································		FL		
agent I am familia SIGNATURE	ir with, and accept the obliga	ations of, Section 607.0505,	Florida Statut	es. 		. I nereby acce	-711		
agent I am familia SIGNATURE Signature, 1 12.	d agent, or both, in the State ar with, and accept the obligation (your or printed name of registered age) OFFICERS ANI	ations of, Section 607.0505, intend trie if applicable (N D DIRECTORS	OTE: Registered A	es. gent signature	oration's board of directors required when reinstating) ADDITIONS/CHA		DATE	DIRECTOR	RS IN 12
agent I am familia SIGNATURE SIGNATURE 112. 1111E VP	ir with, and accept the obligations of puried name of registered again	ations of, Section 607.0505, It and title if applicable (N	Florida Statuti OfE: Registered A	es. gent signature	required when reinstating) ADDITIONS/CHA	NGES TO OFFIC	DATE CERS AND		RS IN 12
agent Tam familia SIGNATURE Signature: 12. TITLE NAME STREET ADDRESS R.R. #	or with, and accept the obligative of registered age. OFFICERS AND R, D.G. 3 BOX 355	ations of, Section 607.0505, intend trie if applicable (N D DIRECTORS	OTE: Registered A 13. 1.1 TITLE 1.2 NAM	es. gent signature	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR	RS IN 12
agent Tam familia SIGNATURE SIG	or with, and accept the obligative of registered age. OFFICERS AND R, D.G. 3 BOX 355	ations of, Section 607.0505, Int and trie If applicable (N D DIRECTORS DELETE	OTE: Registered A 13. 1.1 TITLE 1.2 NAM	es. gent signature E ET ADDRESS	required when reinstating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12
agent Tam familia SIGNATURE SIG	or with, and accept the obligative of registered age. OFFICERS AND R, D.G. 3 BOX 355 O MO	ations of, Section 607.0505, intend trie if applicable (N D DIRECTORS	OTE: Registered A 13. 1.1 TITLE 1.2 NAMI	gent signature E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR	RS IN 12
agent Tam familia SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-ZIP TITH NAME	or with, and accept the obligative of registered age. OFFICERS AND R, D.G. B BOX 355 O MO , M.C.	ations of, Section 607.0505, Int and trie If applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature E ET ADDRESS - ST- ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12
AGENT LAM FAMILIE SIGNATURE SIG	r with, and accept the obligative of registered age. OFFICERS AND R, D.G. B BOX 355 O MO , M.C. BENNINGTON	ations of, Section 607.0505, Int and trie If applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	gent signature E ET ADORESS - ST- ZIP E EI ADORESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12
AGENT LAM FAMILIE SIGNATURE 12. HILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MEXIC VP AIKEN 1805 I MEXIC	r with, and accept the obligative of registered age. OFFICERS AND R, D.G. B BOX 355 O MO , M.C. BENNINGTON	ations of, Section 607.0505, Intend trie if applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12 Addition
agent Lam familie SIGNATURE MEXIC SIGNATURE SIGNAT	r with, and accept the obligative of registered age. OFFICERS AND R, D.G. B BOX 355 O MO , M.C. BENNINGTON	ations of, Section 607.0505, Int and trie If applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition
agent Lam familie SIGNATURE 12. 11/LE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE TOTAL STREET ADDRESS TITLE TOTAL	or with, and accept the obligative of registered again of FICERS AND OFFICERS AND ASSOCIATION OF MOON OF MO	ations of, Section 607.0505, Intend trie if applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY: 2.1 Title 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
agent Lam familie SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP MEXIC	or with, and accept the obligative of registered again of FICERS AND OFFICERS AND ASSOCIATION OF MOON OF MO	ations of, Section 607.0505, Intend trie if applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY: 2.1 Title 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS (-ST-ZIP) E ET ADDRESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12
SIGNATURE 12. 111.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MEXIC TITLE VT NAME STREET ADDRESS CITY-ST-ZIP MEXIC TITLE VP	OFFICERS AND R, D.G. BOX 355 O MO M.C. BENNINGTON O MO RTS, GARY L. TEAL LAKE RD O MO	ations of, Section 607.0505, Intend trie if applicable (N D DIRECTORS DELETE	OTE Registered A 13. 1.1 TiTLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TiTLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE	gent signature E ET ADDRESS -ST-ZIP ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
agent Tam familie SIGNATURE 12. WP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	or with, and accept the obligative of registered again of FICERS AND OFFICERS AND AND OFFICERS AND OFFI	Allons of, Section 607.0505, Intend tole It applicable (N D DIRECTORS DELETE DELETE	OTE Registered A 13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 Title 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4. CITY 4.1 TITLE 4.2 NAMI 4.1 TITLE 4.2 NAMI 4.2 NAMI 4.3 STRE 4. CITY 4.1 TITLE 4.2 NAMI 4.2 NAMI 4.2 NAMI 4.3 STRE 4.3 NAMI 4.3 STRE 4.4 NAMI 4.4	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
agent Lam familie SIGNATURE SI	OFFICERS AND OFFICERS AND OFFICERS AND R, D.G. BOX 355 O MO OMO OMO OMO OMO OMO OMO OMO OMO OM	Allons of, Section 607.0505, Intend tole It applicable (N D DIRECTORS DELETE DELETE	OTE Registered A 13. 1.1 Tiffle 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 Tiffle 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	Gent algneture E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
agent Tam familie SIGNATURE 12. THILE NAME STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS CHY-SI-ZIP NAME CHY-SI-ZIP MEXIC	OFFICERS AND OFFICERS AND OFFICERS AND R, D.G. BOX 355 O MO OMO OMO OMO OMO OMO OMO OMO OMO OM	DELETE	OTE Registered A 13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.1 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	gent signature E ET ADDRESS -ST-ZIP E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
agent Tam familie SIGNATURE 12. HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE AS	OFFICERS AND OFFIC	Allons of, Section 607.0505, Intend tole It applicable (N D DIRECTORS DELETE DELETE	OTE Registered A 13. 1.1 Tiffle 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 Tiffle 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	Gent algneture E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition
AGENT LAM FAMILIE SIGNATURE BINDE R.R. MEXIC TITLE NAME SIREET ADDRESS CITY-SI-ZIP NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP MEXIC TITLE AS ROBER ROBER ROBER	OFFICERS AND OFFIC	DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.3 NAMI 6.3 STRE 6.4 CITY 6.5 STRE 6.	Gent algueture E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E E ET ADORESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT LAM FAMILIE SIGNATURE SIGNAME AIKEN AIKEN AIKEN AIKEN AIKEN AIKEN AIKEN AIKEN AIKEN TOTAL TOTAL TOTAL TOTAL AIKEN AIKEN AIKEN TOTAL TOTAL TOTAL TOTAL	OFFICERS AND OFFIC	DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.4 CITY 5.1 STRE 5.2 NAMI 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	gent signature E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E ET ADORESS	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT LAM FAMILIE SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS ROBER ROBER ROBER STREET ADDRESS 219 E	OFFICERS AND OFFIC	DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.3 NAMI 6.3 STRE 6.4 CITY 6.5 STRE 6.	Gent signature E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E ET ADORESS -ST-ZIP E E E ET ADORESS -ST-ZIP E E E E E E E E E E E E E	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT LAM TAMBLE SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THLE VP NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP MEXIC CITY-ST-ZIP MEXIC CITY-ST-ZIP MEXIC CITY-ST-ZIP MEXIC CITY-ST-ZIP MEXIC CITY-ST-ZIP MEXIC CITY-ST-ZIP THLE CP	OFFICERS AND OFFIC	DELETE DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	Gent signature E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
AGENT LAM FAMILIE SIGNATURE 12. THE SIGNATURE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THLE NAME CITY-ST-ZIP THLE CITY-ST-ZIP THLE NAME CITY-ST-ZIP THLE CITY-	OFFICERS AND OFFIC	DELETE DELETE	OTE Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI	Gent signature E ET ADDRESS -ST-ZIP	required when reinslating) ADDITIONS/CHA	NGES TO OFFICE	DATE CERS AND	DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition

To mereby coming that the mormation supplied with this limit does not quality in the exemption stated in Section 118.07(3)(1). Fiorida statutes, from 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:

NAME OF SIGNING OFFICER OF DIRECTOR

1/16/97 573-473-362 (

0527956

A.P. GREEN INDUSTRIES, INC. SCHEDULE OF DIRECTORS AND OFFICERS

DIRECTORS

Chairman/ CEO/President 125 S. Franklin Street, Chicago, IL 60606 4066 Broadmoor Circle, Naperville, IL 60564 751 Cella Road, St. Louis, MO 63124 405 W. Gardner Ct., Marion, IN 46952 OFFICE HELD 1805 Bennington, Mexico, MO 65265 V-President V-President Sr. V.P./Secy V-President V-President V-President Route 3, Mexico, MO 65265 Route 3, Mexic	DIRECTORS	OFFICE HELD	HOME ADDRESS	BUSINESS ADDRESS
125 S. Franklin Street, Chicago, IL 60606 4066 Broadmoor Circle, Naperville, IL 60564 751 Cella Road, St. Louis, MO 63124 405 W. Gardner Ct., Marion, IN 46952 OFFICE HELD Exec. V.P. V-President Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265		Chairman/	5 Melody Lane, Mexico, MO 65265	Green Blvd., Mexico, MO 65265
OFFICE HELD OFFICE HELD HOME ADDRESS President V-President Cooney Abels V-President M-President M-Pr	Patrick J. O'Bryan Daniel R. Toll Donald E. Lasater William F. Morrison	CEO/President	125 S. Franklin Street, Chicago, IL 60606 4066 Broadmoor Circle, Naperville, IL 60564 751 Cella Road, St. Louis, MO 63124 405 W. Gardner Ct., Marion, IN 46952	125 S. Franklin Street, Chicago, IL 60606 135 S. LaSalle St., Chicago, IL 60603 7811 Carondelet Ave., St. Louis, MO 63105 301 S. Adams, Marion, IN 46952
OFFICE HELD HOME ADDRESS 1805 Bennington, Mexico, MO 65265 Route 3, Mexico, MO 65265 Route 3, Mexico, MO 65265 10 Country Club Drive, Mexico, MO 65265 10 Country Club Drive, Mexico, MO 65265 Cooney Sr. V-President Cooney Sr. V.P./Secy. Abels V-President The country Club Drive, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65265 2404 Bluff Blvd., Columbia, MO 65261 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 2404 Bluff Blvd., Columbia, MO 65201 Route 3, Mexico, MO 65265 Conney Sr. V-President Sc. V-President Route 3, Mexico, MO 65265			OTHER OFFICERS - NOT DIRECTORS	
Exec. V.P. 1805 Bennington, Mexico, MO 65265 Route 3, Mexico, MO 65265 Route 3, Mexico, MO 65265 10 Country Club Drive, Mexico, MO 65265 20 Sr. V-President 2404 Bluff Blvd., Columbia, MO 65201	OFFICERS	OFFICE HELD	HOME ADDRESS	BUSINESS ADDRESS
V-President 6330 barry Noad, Columbia, in 65265 VP/Treas/CFO 219 E. Teal Lake Road, Mexico, MO 65265	Max C. Aiken David G. Binder Daniel Y. Hagan Orville Hunter, Jr. Michael B. Cooney Jurgen H. Abels Ron L. Bramblett Frank J. Cordie John L. Kelsey Gary L. Roberts		5265 65 1 1 1 1 31 35265	Green Blvd, Mexico, MO 65265

Asst. Secy.