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 # **827475** **(5)**

1. Corporation Name

DAVID SHERMAN CORPORATION

Principal Place of Business

5050 KEMPER
ST. LOUIS MO 63139
US

Mailing Address

5050 KEMPER
ST. LOUIS MO 63139
US

3. Date Incorporated or Qualified: 02/14/1972

3a. Date of Last Report: 05/01/1995

4. FEI Number: 43-0736473 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. XX Yes ☐ No

9. Name and Address of Current Registered Agent

DORAN, DON
3409 HOLLYHOCK WAY
TAMPA FL 33618

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 607.0509 and 607.1509, 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 of a Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LUX, PAUL A	
STREET ADDRESS	706 SPOEDE ROAD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PT	☐ DELETE
NAME	LUX, DONN S	
STREET ADDRESS	34 HUNTLEIGH DOWNS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AST	☐ DELETE
NAME	WAGSTAFF, LINDA A	
STREET ADDRESS	6017 STAELY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	☐ DELETE
NAME	COLEMAN, SUSAN J	
STREET ADDRESS	12300 RONNIE LANE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	☐ DELETE
NAME	SOUCY, STEPHEN P.	
STREET ADDRESS	2 MAPLELEAF LANE	
CITY-ST-ZIP	BELLEVILLE IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on the 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 any other title.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN P. SOUCY/VICE PRESIDENT 3/27/96
Title — Date

(314)772 2626
Daytime Phone #

CR2E034 (12/95)