FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:51

DOCUMENT # **829199** **(9)**

1. Corporation Name
H B E CORPORATION

Principal Place of Business	Mailing Address
11330 OLIVE STR RD ST. LOUIS MO 63141 US	11330 OLIVE STR RD ST. LOUIS MO 63141 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/18/1972**
3a. Date of Last Report: **07/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **43-0995576** ☐ 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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	11 TITLE	☒ Change ☐ Addition
NAME	KUMMER, JUNE M	12 NAME	
STREET ADDRESS	11 SQUIRES LANE	13 STREET ADDRESS	
CITY-ST-ZIP	HUNTLEIGH VILLAGE MO	14 CITY-ST-ZIP	63131
TITLE	DVPS	21 TITLE	☒ Change ☐ Addition
NAME	KUMMER, FRED S	22 NAME	
STREET ADDRESS	11 SQUIRES LANE	23 STREET ADDRESS	
CITY-ST-ZIP	HUNTLEIGH VILLAGE MO	24 CITY-ST-ZIP	63131
TITLE	DAS	31 TITLE	☒ Change ☐ Addition
NAME	KOESTER, ROBERT H	32 NAME	
STREET ADDRESS	1234 S. GLENWOOD LANE	33 STREET ADDRESS	
CITY-ST-ZIP	KIRKWOOD MO	34 CITY-ST-ZIP	63122
TITLE	DEVP	41 TITLE	☒ Change ☐ Addition
NAME	UNTERREINER, RONALD J	42 NAME	
STREET ADDRESS	1530 REDCOAT DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	44 CITY-ST-ZIP	63043
TITLE	EVP	51 TITLE	☒ Change ☐ Addition
NAME	KEYES, ROBERT R	52 NAME	
STREET ADDRESS	1354 WINDSOR SPRING COURT	53 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	54 CITY-ST-ZIP	63122
TITLE	EVP	61 TITLE	☒ Change ☐ Addition
NAME	REGELEAN, EDWARD G	62 NAME	
STREET ADDRESS	1566 ESTAVARY	63 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	64 CITY-ST-ZIP	63017

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)(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 J. UNTERREINER 3-27-95 314-567-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number