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

APPROVED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834857 (5)

1. Corporation Name

A.B. CHANCE COMPANY

Principal Place of Business	Mailing Address
210 NORTH ALLEN ST. CENTRALIA MO 65240	210 NORTH ALLEN ST. CENTRALIA MO 65240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/15/1975	04/19/1994

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

4. FEI Number: 43-1047914 ☐ 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	10. Name and Address of New Registered Agent
~~CT CORPORATION SYSTEM~~ ~~1200 S. PINE ISLAND ROAD~~ ~~PLANTATION FL 33324~~	81 Name: The Prentice-Hall Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83: Suite 105 84 City: Tallahassee FL 85 Zip Code: 32301

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: See ATTACHED - Change of Reg. Agent Previously Filed
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	~~CEO~~	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~LOMO, LEIF~~	12 NAME	Pluff, Thomas H.
STREET ADDRESS	~~210 N. ALLEN ST.,~~	13 STREET ADDRESS	584 Derby Milford Rd.
CITY ST ZIP	~~CENTRALIA MO~~	14 CITY ST ZIP	ORANGE, CT. 06477-4024
TITLE	~~SVP~~ VP of FINANCE	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, DR	22 NAME	00000148493U
STREET ADDRESS	210 N. ALLEN ST.,	23 STREET ADDRESS	-05/12/95--01008--021
CITY ST ZIP	CENTRALIA MO	24 CITY ST ZIP	****200.00 ****200.00
TITLE	~~VP~~	31 TITLE	V.P. & GEN. MANAGER ☒ Change ☐ Addition
NAME	~~HAUBEIN, H D~~	32 NAME	Andrews, S.D.
STREET ADDRESS	~~210 N. ALLEN ST.,~~	33 STREET ADDRESS	210 N. Allen St.
CITY ST ZIP	~~CENTRALIA MO~~	34 CITY ST ZIP	CENTRALIA, MO. 65240
TITLE	~~VP~~	41 TITLE	V.P. of OPERATIONS ☒ Change ☐ Addition
NAME	~~MOORE, R J~~	42 NAME	Stumbaugh, G.A.
STREET ADDRESS	~~210 N. ALLEN ST.,~~	43 STREET ADDRESS	210 N. Allen St.
CITY ST ZIP	~~CENTRALIA MO~~	44 CITY ST ZIP	CENTRALIA, MO. 65240
TITLE	~~SGO~~	51 TITLE	V.P. & SECRETARY ☒ Change ☐ Addition
NAME	~~AUSMUS, J T~~	52 NAME	Davies, R.W.
STREET ADDRESS	~~210 N. ALLEN ST.,~~	53 STREET ADDRESS	584 Derby Milford Rd.
CITY ST ZIP	~~CENTRALIA MO~~	54 CITY ST ZIP	ORANGE CT. 06477-4024
TITLE	~~AT~~	61 TITLE	V.P. & TREASURER ☐ Change ☐ Addition
NAME	~~MILLER, W H~~	62 NAME	Biggart, J. H.
STREET ADDRESS	~~210 N ALLEN ST~~	63 STREET ADDRESS	584 Derby Milford Rd.
CITY ST ZIP	~~CENTRALIA MO~~	64 CITY ST ZIP	ORANGE, CT 06477-4024

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: D.R. Miller 4-20-95 (314) 682-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
D.R. Miller, Vice President of Finance

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