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AND  
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95 MAY -1 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **839216** (9)

1. Corporation Name  
**BARRY-WEHMILLER COMPANY**

Principal Place of Business  
**8020 FORSYTH BLVD.  
ST LOUIS MO 63105-1707**

Mailing Address  
**8020 FORSYTH BLVD.  
ATTN: ~~UBAN-REWOLDS~~  
ST LOUIS MO 63105-1707  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1977** 3a. Date of Last Report **06/14/1994**

4. FEI Number **43-0172560** 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 190.032, Florida Statutes  Yes  No

21. Principal Place of Business  
**ATTN: Jim Graczyk**

26. Mailing Address  
**ATTN: Jim Graczyk**

22. Suite, Apt #, etc

27. Suite, Apt #, etc

23. City & State

28. City & State

24. Zip Country

29. Zip Country

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 (agent or person named in registration report) (see Fla. Stat. 607.0505)

Signature (registered agent) (signature required after registration) (see Fla. Stat. 607.0505)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CPD CHAPMAN, ROBERT H. 8020 FORSYTH BLVD ST LOUIS MO
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD BORCHELT, CHARLES H. 8020 FORSYTH BLVD ST LOUIS MO
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V OSTAPOWICZ, PHILLIP G. 8020 FORSYTH BLVD ST LOUIS MO
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V WILLIAMS, JAMES R. 8020 FORSYTH BLVD ST LOUIS MO
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V KROLL, JEROME A. 8020 FORSYTH BLVD ST LOUIS MO
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<del>VD</del> <del>PLUTH, GARY F.</del> 8020 FORSYTH BLVD ST LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	Treasurer, Secy Michael D. Zaccarello 8020 Forsyth Blvd ST. Louis MO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	VP CARLTON J. GOODWIN 8020 Forsyth Blvd ST. Louis MO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	VP-INTL SALES ANTONIO M. ULLORA 8020 Forsyth Blvd ST. Louis MO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	VP Peter N.Y. PAN 8020 Forsyth Blvd ST. Louis MO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	Asst VP Gregory L. Connor 8020 Forsyth Blvd ST. Louis MO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	VP, CFO, Secretary, Dir Timothy J. Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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)(a), 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. 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 or both, as chairman, or as an officer, or as an agent.

SIGNATURE:   
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael D. Zaccarello**

4/28/95 914 862 8000