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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 839216 (9)
1. Corporation Name
BARRY-WEHMILLER COMPANY



Principal Place of Business Mailing Address
ATTN: JIM GRACZYK 8020 FORSYTH BOULEVARD ST LOUIS MO 63105-1707 US
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2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 09/29/1977 3a. Date of Last Report 05/01/1996
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. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD CHAPMAN, ROBERT H.	1.1 TITLE	
NAME	8020 FORSYTH BLVD	1.2 NAME	
STREET ADDRESS	ST LOUIS MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BORCHELT, CHARLES H.	2.1 TITLE	
NAME	8020 FORSYTH BLVD	2.2 NAME	
STREET ADDRESS	ST LOUIS MO	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V OSTAPOWICZ, PHILLIP G.	3.1 TITLE	
NAME	8020 FORSYTH BLVD	3.2 NAME	
STREET ADDRESS	ST LOUIS MO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V WILLIAMS, JAMES R.	4.1 TITLE	
NAME	8020 FORSYTH BLVD	4.2 NAME	
STREET ADDRESS	ST LOUIS MO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V KROLL, JEROME A.	5.1 TITLE	
NAME	8020 FORSYTH BLVD	5.2 NAME	
STREET ADDRESS	ST LOUIS MO	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPSD TIMOTHY J SULLIVAN	6.1 TITLE	
NAME	8020 FORSYTH BLVD	6.2 NAME	
STREET ADDRESS	ST LOUIS MO	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* 4/25/97 3148628000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0483180

CR2E034 (9/96)