

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839216 (9)

1. Corporation Name
BARRY-WEHMILLER COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business ATTN: JIM GRACZYK 8020 FORSYTH BOULEVARD ST LOUIS MO 63105-1707 US	Mailing Address ATTN: JIM GRACZYK 8020 FORSYTH BOULEVARD ST LOUIS MO 63105-1707 US
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3. Date Incorporated or Qualified 09/29/1977	4. FEI Number 43-0172560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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
85. Zip Code

FL

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		
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ROBERT H.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORCHELT, CHARLES H.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OSTAPOWICZ, PHILLIP G.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES R.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KROLL, JEROME A.	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	TIMOTHY J SULLIVAN	
STREET ADDRESS	8020 FORSYTH BLVD	
CITY - ST - ZIP	ST LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP, CFO, Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawson, James W.	
1.3 STREET ADDRESS	8020 Forsyth Blvd.	
1.4 CITY - ST - ZIP	St. Louis MO 63105	
2.1 TITLE	VP, Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gregory L. Cosnrod	
2.3 STREET ADDRESS	8020 Forsyth Blvd.	
2.4 CITY - ST - ZIP	St. Louis MO 63105	
3.1 TITLE	Treasurer, Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael D. Zaccarello	
3.3 STREET ADDRESS	8020 Forsyth Blvd.	
3.4 CITY - ST - ZIP	St. Louis MO 63105	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Antonio Ulloa	
4.3 STREET ADDRESS	8020 Forsyth Blvd.	
4.4 CITY - ST - ZIP	St. Louis MO 63105	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Peter M. Pan	
5.3 STREET ADDRESS	8020 Forsyth Blvd.	
5.4 CITY - ST - ZIP	St. Louis MO 63105	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Timothy J. Sullivan	
6.3 STREET ADDRESS	8020 Forsyth Blvd	
6.4 CITY - ST - ZIP	St. Louis, Mo	

14. I 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 _____

CR2E034 (10/97)