

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

FILED

May 06 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 # 851348 1. Corporation Name Steadley Company			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 No. 1 Leggett Road Suite, Apt. #, etc. 22 City & State 23 Carthage, MO 24 Zip 64836 25 Country USA		2a. Mailing Address 26 No. 1 Leggett Road Suite, Apt. #, etc. 27 Tax Department 28 City & State 29 Carthage, MO 30 Zip 64836 31 Country USA	
3. Date Incorporated or Qualified 12-21-81		3a. Date of Last Report 5-1-96	
4. FEI Number 43-1237516		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 South 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 400002181344 84 City -05/16/97--01048-1848 Zip Code ***165.00	
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 _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P William J. Cheney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V Kenneth W. Purser <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S Michael J. McPherson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T Susan S. Higdon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D/V Ernest C. Jett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V Michael A. Glauber <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No. 1 Leggett Road Carthage, MO 64836
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: <i>Kenneth W. Purser</i>		4/30/97 417-358-8131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	