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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855654

(0)

| CERRO COPPER PRODUCTS CO. | , | |
|---------------------------|---|--|
| | | |
| | | |

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P. O. BOX 66800 P. O. BOX 66800 ST. LOUIS MO 63166 ST. LOUIS MO 63166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 36-2943840 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 UNITED STATES CORPORATION COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 85 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change SCHWEICH, H.L. NAME 1.2 NAME 3000 MISSISSIPPI AVENUE STREET ADDRESS 1.3 STREET ADDRESS **SAUGET IL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GLUTH, R.C. NAME 2.2 NAME 225 W. WASHINGTON ST. STREET ADDRESS 2.3 STREET ADDRESS **CHICAGO IL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WEBB, ROBERT NAME 3.2 NAME 225 W. WASHINGTON ST. STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition PRITZKER, R.A. NAME 4. 2 NAME 225 W. WASHINGTON ST. STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change X Addition TITLE 5.1 TITLE MATCUK, JAMES R. 5.2 NAME NAME King, Everett C. 3000 MISSISSIPPI AVENUE STREET ADDRESS 5.3 STREET ADDRESS 3000 Mississippi Avenue SAUGET IL CITY-ST-ZIP 5.4 CITY-ST-ZIP Sauget IL 62206 DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 empoyered 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 availablement with an address.