

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000001425 (8)**

1. Corporation Name

CAPE COD-CRICKET LANE, INC.



Principal Place of Business

**600 KELLWOOD PARKWAY
CHESTERFIELD MO 63017**

Mailing Address

**600 KELLWOOD PARKWAY
CHESTERFIELD MO 63017**

3. Date incorporated or Qualified 03/23/1993	3a. Date of Last Report 06/07/1995
4. FEI Number 36-2472410	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	

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

(Signature)

(Signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOTTUM, EDWARD S	
STREET ADDRESS	100 S. WACKER DR., STE. 1140	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONERLY, RICHARD P	
STREET ADDRESS	MARQUETTE BLDG., 315 N. BROADWAY, STE. 955	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	JACOBSEN, JAMES C	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	GCS	<input type="checkbox"/> DELETE
NAME	POLLIHAN, THOMAS H	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MCKENNA, WILLIAM J	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	JOSEPH, ROGER D	
STREET ADDRESS	600 KELLWOOD PARKWAY	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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)(k), 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 or person in power 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 a attachment with an address.

SIGNATURE:

(Signature)

R.D. Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

DATE

314/576-3457

OFFICE PHONE #

CR2E034 (12/95)