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**May 09 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 # 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 63017-5800**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1993	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2472410	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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
**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOM, EDWARD S	1.2 NAME	
STREET ADDRESS	100 S. WACKER DR., STE. 1140	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONERLY, RICHARD P	2.2 NAME	
STREET ADDRESS	MARQUETTE BLDG., 315 N. BROADWAY, STE. 955	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63102	2.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, JAMES C	3.2 NAME	
STREET ADDRESS	600 KELLWOOD PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	3.4 CITY-ST-ZIP	
TITLE	GCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLIHAN, THOMAS H	4.2 NAME	
STREET ADDRESS	600 KELLWOOD PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	4.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, WILLIAM J	5.2 NAME	
STREET ADDRESS	600 KELLWOOD PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	5.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ROGER D	6.2 NAME	
STREET ADDRESS	600 KELLWOOD PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	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: *Robert S. Mann* **ROBERT S. MANN** 4/23/97 508-586-4343

CR2E034 (9/96)