


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/23/1993	
4. FEI Number 36-2472410	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 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 60608	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONERLY, RICHARD P	
STREET ADDRESS	MARQUETTE BLDG., 315 N. BROADWAY, STE. 855	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond F. Bentele
2.3 STREET ADDRESS	13043 Tembrooke Valley Court
2.4 CITY-ST-ZIP	St. Louis, MO 63141
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *R.D. Joseph* R.D. Joseph 4/24/98 314/576-3457

CR2E034 (10/97)