

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90005 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

3. Date Incorporated or Qualified  
03/23/1993

4. FEI Number  
36-2472410

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. 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

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		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	Bottum, 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	Bentle, Raymond F	2.2 NAME	
STREET ADDRESS	13043 Tembrooke Valley Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63141	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	VPI <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 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, with all other like empowered.

**SIGNATURE:** *R.D. Joseph* R.D. Joseph 5/19/99 314/576-3457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)