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PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 01 1997 8:00am

Secretary of State

(96/6) (96/6)

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F93000002807 (6)

BARRY-WEHMILLER PROPERTIES, INC.

Mailing Address Principal Prace of Business ATTN JIM GRACZYK ATTN JIM GRACZYK ST. LOUIS MO 63105 ST. LOUIS MO 63105 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 43-1488842 8090 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 2100. mo Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, USA Yes No. Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 65 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, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PCD ■ DELETE 1.1 TITLE Change Addition TITLE CHAPMAN, ROBERT H NAME 1.2 NAME 8020 FORSYTH BLVD. STREET ADDRESS 1.3 STREET ADDRESS ST. LOUIS MO 63105 CHTY-ST-74P 1.4 CITY - ST - ZIP VPSD DELETE Change Addition 21 TITLE TITLE TIMOTHY J SULLIVAN 2.2 NAME 8020 FORSYTH BLVD. STREET ADDRESS 2.3 STREET ADDRESS ST. LOUIS MO 2. 4 CITY - ST- ZIP CITY-ST-2II DELETE TASD ☐ Change Addition TITLE 3.1 TITLE ZACCARELLO, MICHAEL D 3.2 NAME 8020 FORSYTH BLVD. STREET ADDRESS 3.3 STREET ADDRESS ST. LOUIS MO 63105 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE GREGORY L. COONROD NAME 4. 2 NAME 8020 FORSYTH BLVD 4.3 STREET ADDRESS STREET ADDRESS ST LOUIS MS 4.4 CITY-ST-ZIP CITY - ST - ZIF Change ☐ DELETE Addition THLE 5.1 TITLE **CHARLES H. BORRHELT** NAME 5.2 NAME 8020 FORSYTH BLVD STREET ADDRESS 5.3 STREET ADDRESS ST. LOUIS MO 5.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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 emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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