

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne E. McInnes
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004924 (7)

1. Corporation Name:

CREATIVE DATA SERVICES, INC. OF MISSOURI



Principal Place of Business

13748 SHORELINE COURT EAST
EARTH CITY MO 63045

Mailing Address

13748 SHORELINE COURT EAST
EARTH CITY MO 63045

2. Principal Place of Business

21

State, Apt., Rm., etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt., Rm., etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324-4413

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 607.01(2)(b) and 607.01(3), 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. The corporation has the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

PD

NAME

BROOKING, DOUGLAS H JR
13748 SHORELINE COURT EAST
EARTH CITY MO 63045

CITY-STATE-ZIP

TITLE

V

NAME

HABERSTICK, STEVE
13748 SHORELINE COURT EAST
EARTH CITY MO 63045

CITY-STATE-ZIP

TITLE

S

NAME

MUELLER, SUSAN
13748 SHORELINE COURT EAST
EARTH CITY MO 63045

CITY-STATE-ZIP

TITLE

V

NAME

ROSHEIM, TIMOTHY M
13748 SHORELINE CT E
EARTH CITY MO

CITY-STATE-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is substantially true and correct, and that I am duly qualified to file this report for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information supplied with this report is substantially true and correct, and that my signature shall have the same legal effect as if made under oath, but I am an officer or director of the corporation and the information is not required to be verified by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-96

314-291-0699

ext 505

CR2E034 (12/95)