


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

\$165

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May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <i>F95000004033</i>			
<b>1. Corporation Name</b> <i>CRAIN INDUSTRIES, INC.</i>			
<b>Principal Place of Business</b> <i>101 S. HANLEY RD STE 400 ST. LOUIS, MO 63105</i>		<b>Mailing Address</b> <i>101 S. HANLEY RD STE 400 ST. LOUIS, MO 63105</i>	
<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>3. Date Incorporated or Qualified</b>	<b>3a. Date of Last Report</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<i>8/22/95</i>	<i>8/22/95</i>
<b>22</b> City & State	<b>27</b> City & State	<b>4. FEI Number</b>	<b>Applied For</b>
<b>23</b> Zip	<b>28</b> City & State	<i>43-1714086</i>	<input type="checkbox"/> Not Applicable
<b>24</b> Zip	<b>29</b> City & State	<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<b>25</b> Country	<b>30</b> City & State	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b>
		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>
		<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<i>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</i>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	
		<b>85</b> Zip Code	
		<i>FL</i>	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>1.1</b> TITLE	<b>1.2</b> NAME	<b>1.3</b> STREET ADDRESS	<b>1.4</b> CITY - ST - ZIP
<i>DIRECTOR + CHAIRMAN OF THE BOARD</i>	<i>JAMES N. MILLS</i>	<i>200 CRESCENT CT.</i>	<i>DALLAS, TX 75201</i>
<b>2.1</b> TITLE	<b>2.2</b> NAME	<b>2.3</b> STREET ADDRESS	<b>2.4</b> CITY - ST - ZIP
<i>PRESIDENT + CEO</i>	<i>R.V. LINN</i>	<i>101 S. HANLEY RD. STE 400</i>	<i>ST. LOUIS, MO 63105</i>
<b>3.1</b> TITLE	<b>3.2</b> NAME	<b>3.3</b> STREET ADDRESS	<b>3.4</b> CITY - ST - ZIP
<i>VICE PRESIDENT + ASST. SECRETARY</i>	<i>DANIEL S. DROSS</i>	<i>200 CRESCENT CT.</i>	<i>DALLAS, TX 75201</i>
<b>4.1</b> TITLE	<b>4.2</b> NAME	<b>4.3</b> STREET ADDRESS	<b>4.4</b> CITY - ST - ZIP
<i>SECRETARY</i>	<i>W. THOMAS MCGHEE</i>	<i>101 S. HANLEY RD. STE 400</i>	<i>ST. LOUIS, MO 63105</i>
<b>5.1</b> TITLE	<b>5.2</b> NAME	<b>5.3</b> STREET ADDRESS	<b>5.4</b> CITY - ST - ZIP
<i>V-PRES + TREASURER</i>	<i>WES DEHAVEN</i>	<i>101 S. HANLEY RD. STE 400</i>	<i>ST. LOUIS, MO 63105</i>
<b>6.1</b> TITLE	<b>6.2</b> NAME	<b>6.3</b> STREET ADDRESS	<b>6.4</b> CITY - ST - ZIP
<i>EXECUTIVE VICE PRESIDENT</i>	<i>DONALD D. WOOD, JR.</i>	<i>6720 SOUTH 4ST.</i>	<i>FORT SMITH, AR 72903</i>
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>1.1</b> TITLE			
<b>1.2</b> NAME			
<b>1.3</b> STREET ADDRESS			
<b>1.4</b> CITY - ST - ZIP			
<b>2.1</b> TITLE			
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<b>6.4</b> CITY - ST - ZIP			
<b>000002175920</b>			
<b>-05/13/97--01005--028</b>			
<b>***165.00</b>			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Wes DeHaven</i>			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
<b>Date</b>			
<b>Daytime Phone #</b>			

CR2E034 (9/96)