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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005340 (3)

SYSTEMS & ELECTRONICS INC.

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									4 0011 158
201 EVANS LANE 201 EVANS LANE									
8T. LOUIS MO 63121-1126 ST. LOUIS MO 63121-1126						DO NOT WRITE	INI THIS SP	∆CE	
						3. Date Incorporated or Qualified	114 11 113 31	- DL	
						11/01/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26				43-1275001		No	t Applicable
Suite, Apt	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$ 8.75 /	
22								Fee Re	
h '						6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	p Country Zip			intry		8. This corporation owes or has pa			
24	25 29 30					Personal Property Tax due June	_] No
	9, Name and Address of Current	Registered Agent		81 N		10. Name and Address of New Re	A benetali	ent	
	CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD				82 S	treet Addre	ss (P.O. Box Number is Not Acceptab	le)		
PLANTATION FL 33324									
				83					
				84 C	ity		FL	85 Zip (Code
44 Discussion	to the provisions of Captions 607 0503	and 607 1600 Florida Statut	on the el	2010	mod coroo	ration submits this statement for the p		ancina it	o registered
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, typed or printed name of registered agen	E Registere	d Agent si	gnature required	when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	CD	DELETE	1.1 70	TŁE	İ		Ĺ.	J Change	Addition
NAME	MOORE, D J		1.2 N/						
STREET ADDRESS	ET LOUIS NO.		1	1.3 STREET ADDRESS					Į.
CITY-ST-ZIP TITLE	PD PD	DELETE	1,4 Ci 2.1 Ti	TY-ST-ZI	P			Change	Addition
NAME	POTTHOFF, G A	otter	2.1 N		ľ		L	i Chanto	
STREET ADDRESS	201 EVANS LANE			reet add	AFSS		11		
CITY-SY-ZIP	ST LOUIS MO			ITY-ST-Z					
TITLE	SD	☐ DELETE	3.1 TI				E	Change	Addition
NAME	STARK, W		3.2 N	AME					
STREET ADDRESS	8888 LADUE ROAD, STE 200		3.3 SI	REET ADO	RESS				
CITY-ST-ZIP	ST LOUIS MO		3.4. C	ITY-ST-Z	P		···		
TITLE	AS	☐ DELETE	4.1 Ti				L	Change	Addition
NAME	MARTIN, T B		4. 2 N		1				- 1
STREET ADDRESS	8888 LADUE ROAD, STE 200 ST LOUIS MO			REET AOD					
CITY-ST-ZIP TITLE	V COOLS MO	☐ DELETE	4.4 Ct	TY - ST - 21	P			Change	Addition
NAME	PURDY, D M	_ DECEME	5.1 N						
STREET ADDRESS	201 EVANS LANE			reet add	RESS				
CITY-ST-ZIP	ST LOUIS MO			TY-ST-21					
TITLE	V	⋈ DELE1E	6.1 TI		V		L	Change	Addition
NAME	LIGHT, S R		6.2 N	AME	MY	KICK, JT			
STREET ADDRESS	201 EVANS LANE		6.3 S1	REET ADD	RESS 20	OI EVANS LANE			
CITY-ST-ZIP	ST LOUIS MO		6.4 C	TY-ST-ZI	p S	T LOUIS MO 631			
14. I hereby o	certify that the Information supplied wit	th this filing does not qualify f	or the exe	emption	stated in S	ection 119.07(3)(i), Florida Statutes. I	further certi	y that the	Information

4. 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 innual 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 of the reporter expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if charged, 5 on an arising minimum and other exposures.

SIGNATURE: 7 3 (314) 213 - 7200

PRZE034 (10/9)