FILED Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90098 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F95000005340**

SYSTEMS & ELECTRONICS INC.							
Principal Place of Business	Mailing Address						
201 EVANS LANE ST. LOUIS MO 63121-1126				DO NOT WRI	TE IN THIS	SPACE _	
				3. Date Incorporated or Qualifed			ļ
				11/01/1995 4. FEI Number			oplied For
2. Principal Place of Business	2a. Mailing Address			43-1275001			lot Applicable
n	26					\$8.75	Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	. <u> </u>	Fee F	Required
22	City & State		-	6. Election Campaign Financing		•	May Be
City & State	— ·			Trust Fund Contribution			to Fees
Zip Country		Country		8. This corporation owes the cur	rent year Inti	angible	□Ne
	29 3	0		Personal Property Tax.		Yes	No
9. Name and Address of Cur	27			10. Name and Address of New	Registered	Agent_	
		81	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Accept	able)		
PLANTATION FL 33324		83	 			. –	
LEMAINION I E 000E1						85 Zi	p Code
11. Pursuant to the provisions of Sections 607		84			FL	.	•
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	oligations of, Section 607.0505, Florid	da Statutes	S.	poration submits this statement for the ion's board of directors. I hereby acce			
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable (NOTE: F	Registered Age	S .	red when reinstating) ADDITIONS/CHANGES TO O	DATÉ	ND DIREC	TORS IN 12
SIGNATURE Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: F	Registered Age 13. 1.1 TITLE	s.	ed when reinstating)	DATÉ		TORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE CD MOORE, D J	d agent and title if applicable. (NOTE: F S AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	S.	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12
SIGNATURE Signature, typed or printed name of registered to the state of the state	d agent and title if applicable. (NOTE: F S AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. int signature requir	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12
SIGNATURE SIgnature, typed or printed name of registered to the state of the state	d agent and title if applicable (NOTE: F S AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. int signature requir	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12
SIGNATURE SIgnature, typed or printed name of registered to the state of the state	d agent and title if applicable. (NOTE: F S AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE	nt signature requir	ed when reinstating)	DATÉ	ND DIREC ☐ Chang	TORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS TITLE CD NAME MOORE, D J STREET ADDRESS 8888 LADUE ROAD, STE 20 CITY-ST-ZIP ST LOUIS MO TITLE PD NAME POTTHOFF, G A	d agent and title if applicable (NOTE: F S AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	nt signature requir	ed when reinstating)	DATÉ	ND DIREC ☐ Chang	TORS IN 12
SIGNATURE Signature, typed or printed name of registeres 12. OFFICERS TITLE CD MOORE, D J STREET ADDRESS ST LOUIS MO TITLE PD NAME POTTHOFF, G A STREET ADDRESS 201 EVANS LANE	d agent and title if applicable (NOTE: F S AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature requir	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE Signature, typed or printed name of registeres 12. OFFICERS TITLE CD MOORE, D J STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE PD NAME POTTHOFF, G A STREET ADDRESS CITY-ST-ZIP ST LOUIS MO STREET ADDRESS CITY-ST-ZIP ST LOUIS MO	d agent and title if applicable (NOTE: F S AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	nt signature requir	ed when reinstating)	DATÉ	ND DIREC ☐ Chang	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered to the state of the state	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DO DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	nt signature requir	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered to the state of the state	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	nt signature requir	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered 12. OFFICERS TITLE CD MOORE, D J STREET ADDRESS ST LOUIS MO TITLE PD NAME POTTHOFF, G A STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE PD NAME STREET ADDRESS ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS STARK, W	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	nt signature requir T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12 ge
SIGNATURE SIgnature. Nyped or printed name of registeres 12. OFFICERS TITLE MOORE, D J 8888 LADUE ROAD, STE 20 ST LOUIS MO TITLE PD NAME STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE ST LOUIS MO TITLE ST LOUIS MO TITLE ST LOUIS MO STREET ADDRESS ST LOUIS MO STREET ADDRESS ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS STARK, W	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ant signature requir	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIgnature. Typed or printed name of registeres 12. OFFICERS TITLE MOORE, D J 8888 LADUE ROAD, STE 20 ST LOUIS MO TITLE PD NAME STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE AS	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	et address	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registeres 12. OFFICERS TITLE CD MOORE, D J 8888 LADUE ROAD, STE 20 ST LOUIS MO TITLE PD NAME POTTHOFF, G A STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE AS MARTIN, T B MARTIN, T B	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	et address	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered printed pr	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY-	ET ADDRESS ST-ZIP	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE Signature, typed or printed name of registeres 12. OFFICERS TITLE CD MOORE, D J STREET ADDRESS ST LOUIS MO TITLE PD NAME POTTHOFF, G A STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE SD NAME STARK, W STREET ADDRESS ST LOUIS MO TITLE AS MARTIN, T B MARTIN, T B	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP	ed when reinstating)	DATÉ	ND DIREC	TORS IN 12 ge
SIGNATURE SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STARK, W STREET ADDRESS CITY-ST-ZIP TITLE NAME STARK, W STREET ADDRESS CITY-ST-ZIP TITLE NAME STARK, W STREET ADDRESS CITY-ST-ZIP TITLE NAME MARTIN, T B 8888 LADUE ROAD, STE 2 ST LOUIS MO TITLE AS MARTIN, T B STREET ADDRESS CITY-ST-ZIP ST LOUIS MO	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ET ADDRESS ST-ZIP	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STARK, W STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME PURDY, D M STREET ADDRESS ST LOUIS MO TITLE V NAME PURDY, D M STREET ADDRESS ST LOUIS MO TITLE V NAME PURDY, D M STREET ADDRESS	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3	ET ADDRESS ST-ZIP ET ADDRESS	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered printed pr	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	ET ADDRESS ST-ZIP	ed when reinstating)	DATÉ	ND DIREC Chang	TORS IN 12 ge
SIGNATURE SIgnature, typed or printed name of registered printed pr	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3	ET ADDRESS ST-ZIP ET ADDRESS	ed when reinstating)	DATÉ	Chang	TORS IN 12 ge
SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V PURDY, D M STREET ADDRESS CITY-ST-ZIP TITLE V PURDY, D M STREET ADDRESS CITY-ST-ZIP ST LOUIS MO TITLE V PURDY, D M STREET ADDRESS CITY-ST-ZIP ST LOUIS MO	d agent and title if applicable. (NOTE: F S AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	A Statutes Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	ed when reinstating)	DATÉ	Chang	TORS IN 12 ge

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 outh; 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 a statischment with an address, with all other like empowered.

SIGNATURE: