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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006029 (1)

1. Corporation Name
THE MCCLURE GROUP INC.

Principal Place of Business	Mailing Address
1 CORPORATE WOODS DR BRIDGETON MO 63044	1 CORPORATE WOODS DR BRIDGETON MO 63044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1995

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number
43-1723272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 607.0502 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 agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCLURE, THOMAS R		1.2 NAME		
STREET ADDRESS	1325 MORRIS DR SUITE 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, J P		2.2 NAME		
STREET ADDRESS	1325 MORRIS DR SUITE 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		2.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUSTILLI, JOSEPH M		3.2 NAME		
STREET ADDRESS	1325 MORRIS DR SUITE 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCLURE, CYNTHIA A		4.2 NAME		
STREET ADDRESS	1325 MORRIS DR SUITE 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MIDDEKE, PAUL W		5.2 NAME	ANTHONY MAYO	
STREET ADDRESS	1 CORPORATE WOODS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGETON MO 63044		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, CAROL J		6.2 NAME		
STREET ADDRESS	9140 LAWN AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63144		6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: Paul Rowe 4/29/98 (618)407-0407

CR2E034 (10/97)