

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

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F96000000158 (3)**

1. Corporation Name  
**LYNDON-DFS WARRANTY SERVICES, INC.**



Principal Place of Business  
**645 MARYVILLE CENTRE DRIVE  
ST. LOUIS MO 63141**

Mailing Address  
**645 MARYVILLE CENTRE DRIVE  
ST. LOUIS MO 63141-5815**

3. Date Incorporated or Qualified **01/09/1996** 3a. Date of Last Report  
4. FEI Number **43-1724227** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 filer of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROLAND G	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HACKETT, RICHARD C	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARIOLANO, GREGG	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREKE, ALLEN D	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUPFERMAN, E. PERRY	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 executor 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 *[Signature]* **Brian A Crawford 5/11/97 (314) 775-5700**

CR2E034 (9/96)