

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F96000000158 (3)**  
 1. Corporation Name  
**LYNDON-DFS WARRANTY SERVICES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>645 MARYVILLE CENTRE DRIVE<br/>ST. LOUIS MO 63141</b> | Mailing Address<br><b>645 MARYVILLE CENTRE DRIVE<br/>ST. LOUIS MO 63141</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                               |
|--------------------------------------|-------------------------------|
| <b>2</b> Principal Place of Business | <b>2a</b> Mailing Address     |
| <b>21</b> Suite, Apt. #, etc.        | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State               | <b>27</b> City & State        |
| <b>23</b> Zip                        | <b>28</b> Zip                 |
| <b>24</b> Country                    | <b>29</b> Country             |
| <b>25</b>                            | <b>30</b>                     |

|  |  |
|--|--|
| <b>3</b> Date Incorporated or Qualified<br><b>01/09/1996</b>   |  |
| <b>4</b> FEI Number<br><b>43-1724227</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5</b> Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

|  |
|--|
| <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   |

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |   |
|---------------------------|---|
| <b>1.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2</b> NAME           |   |
| <b>1.3</b> STREET ADDRESS |   |
| <b>1.4</b> CITY-ST-ZIP    |   |
| <b>2.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2</b> NAME           |   |
| <b>2.3</b> STREET ADDRESS |   |
| <b>2.4</b> CITY-ST-ZIP    |   |
| <b>3.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2</b> NAME           |   |
| <b>3.3</b> STREET ADDRESS |   |
| <b>3.4</b> CITY-ST-ZIP    |   |
| <b>4.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2</b> NAME           |   |
| <b>4.3</b> STREET ADDRESS |   |
| <b>4.4</b> CITY-ST-ZIP    |   |
| <b>5.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2</b> NAME           |   |
| <b>5.3</b> STREET ADDRESS |   |
| <b>5.4</b> CITY-ST-ZIP    |   |
| <b>6.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2</b> NAME           |   |
| <b>6.3</b> STREET ADDRESS |   |
| <b>6.4</b> 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: *[Signature]* **SVP** **4/21/98**

CR2E034 (10/97)

## Lyndon - DFS Warranty Services, Inc.

### **DIRECTORS:**

Roland G. Anderson  
645 Maryville Centre Drive  
St. Louis, Missouri 63141

Joseph R. McCaw  
645 Maryville Centre Drive  
St. Louis, Missouri 63141

Richard C. Hackett  
645 Maryville Centre Drive  
St. Louis, Missouri 63141

E. Perry Kupferman  
645 Maryville Centre Drive  
St. Louis, Missouri 63141

Gregg O. Cariolano  
645 Maryville Centre Drive  
St. Louis, Missouri 63141

### **OFFICERS:**

Roland G. Anderson  
SS#486-56-5022  
565 Conway Village Dr.  
St. Louis, Missouri 63141

President/CEO

Richard C. Hackett  
SS# 371-64-2418  
300 Arbor Glen Drive  
Ballwin, Missouri 63021

Senior Vice President,  
Secretary and General Counsel

Gregg O. Cariolano  
SS# 471-78-2381  
5747 White Pine Drive  
St. Louis, Missouri 63129

Vice President and Treasurer

David R. Burruss  
SS# 489-74-4276  
1721 Carman Valley Drive  
Manchester, Missouri 63021

Assistant Vice President

Quentin D. McClung  
SS# 339-66-4490  
1672 Bronco Lane  
St. Louis, Missouri 63146

Assistant Secretary

Byron A. Crawford  
SS# 486-66-7816  
12259 Kingshill Drive  
Creve Coeur, Missouri 63141

Assistant Secretary

Laura L. Foster  
SS# 498-90-1235  
2 Lisa Court  
St. Peters, Missouri 63376

Assistant Secretary