

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

**FILED**

**Mar 26 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 # F96000000288 (8)**

1. Corporation Name:  
**ALVEY SYSTEMS, INC.**



Principal Place of Business:

**101 S HINLEY, STE 1300  
ST LOUIS MO 63105**

Mailing Address:

**101 S HINLEY, STE 1300  
ST LOUIS MO 63105-3406**

3. Date Incorporated or Qualified: **01/17/1996**  
3a. Date of Last Report

2. Principal Place of Business:  
21. **9301 Olive Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address:  
26. **9301 Olive Blvd.**  
Suite, Apt. #, etc.

4. FEI Number: **43-0157210**  
Applied For:  Not Applicable

22. City & State:

27. City & State:

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

23. **St. Louis, mo**  
Zip: **63132** Country:

28. **St. Louis, mo**  
Zip: **63132** Country:

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

24. **63132** 25. **St. Louis**

29. **63132** 30. **St. Louis**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
528 E. PARK AVENUE  
TALLAHASSEE FL 32301**

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 principal place of business, 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

12. Name, Signature and Title of Officer, Director or Registered Agent

NOTE: Registered Agent of signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	<b>P O'NEILL, STEPHEN J</b>	1.1 TITLE: <b>Asst. Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	1.2 NAME: <b>Kevin A. Dorey</b>
CITY - ST - ZIP	<b>ST LOUIS MO</b>	1.3 STREET ADDRESS: <b>3311 Lightfoot</b>
DATE	<b>VS</b>	1.4 CITY - ST - ZIP: <b>St. Charles, mo. 63301</b>
NAME	<b>TILTON, MICHAEL J</b>	2.1 TITLE: <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	2.2 NAME: <b>David C. Baker</b>
CITY - ST - ZIP	<b>ST LOUIS MO</b>	2.3 STREET ADDRESS: <b>920 Pleasant Woods Dr.</b>
DATE	<b>1</b>	2.4 CITY - ST - ZIP: <b>Ballwin, mo. 63021</b>
NAME	<b>SHARP, JAMES A</b>	3.1 TITLE: <b>Sr. V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	3.2 NAME: <b>Richard D. Sampson</b>
CITY - ST - ZIP	<b>ST LOUIS MO</b>	3.3 STREET ADDRESS: <b>14316 Spinglass Ridge</b>
DATE	<b>CD</b>	3.4 CITY - ST - ZIP: <b>Chesterfield, mo 63017</b>
NAME	<b>MICHAELS, WILLIAM R</b>	4.1 TITLE: <b>Asst. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	4.2 NAME: <b>Dennis J. Hahn</b>
CITY - ST - ZIP	<b>ST LOUIS MO</b>	4.3 STREET ADDRESS: <b>116 Hunters Ridge</b>
DATE	<b>D</b>	4.4 CITY - ST - ZIP: <b>St. Charles, mo. 63301</b>
NAME	<b>WEISS, DONALD J</b>	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	5.2 NAME:
CITY - ST - ZIP	<b>ST LOUIS MO</b>	5.3 STREET ADDRESS:
DATE	<b>D</b>	5.4 CITY - ST - ZIP:
NAME	<b>SCOTTO, ANTHONY P</b>	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>101 S. HANLEY, STE 1300</b>	6.2 NAME:
CITY - ST - ZIP	<b>ST LOUIS MO</b>	6.3 STREET ADDRESS:
DATE		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 is based on the annual report or supplemental annual report or 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 13 or 8, 15 if changed, or on an attachment with an address.

SIGNATURE: *David C. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (314) 993-4700

CR2E034 (9/96)