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Feb 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 # F96000006338 (5)

1. Corporation Name  
TITAN TOOL, INC.



Principal Place of Business  
1013 CENTRE ROAD  
WILMINGTON DE 19805-1297

Mailing Address  
1013 CENTRE ROAD  
WILMINGTON DE 19805-1265

3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report N/A
4. FEI Number 13-3615127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 107 Eamer Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 4/o Corporation Service Co. Suite, Apt. #, etc.
22 City & State 23 Oakland NJ	27 City & State 28 Tallahassee FL
24 Zip 07436	25 Country USA
29 Zip 32301	30 Country USA

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 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, DEAN C 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Director and VP Gregory A. Fox 7701 Forsyth Blvd. Suite 600 St. Louis MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HULL, ROBERT W 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Secretary/VP Director Rbt. W. Hull 7701 Forsyth Blvd. Suite 600 St. Louis MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAS SCHMALZ, WILLIAM A 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Assistant Secretary William A. Schmalz 7701 Forsyth Blvd. Suite 600 St. Louis MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOYCE, MICHAEL 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANNING, JAMES C 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HAMACHER, SAMUEL A 7701 FORSYTH BLVD. SUITE 600 ST. LOUIS MO 63105	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Director Samuel A. Hamacher 7701 Forsyth Blvd. # 600 St. Louis MO 63105

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 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: *William A. Schmalz* W. Schmalz, Asst. Secretary 314-787-5650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 0011336

CR2E034 (9/96)