

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

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006338 (5)
1. Corporation Name
TITAN TOOL, INC.



Principal Place of Business 107 BANER DR. OAKLAND FL 07436 US	Mailing Address C/O CORPORATION SERVICE CO. 1201 HAYS ST TALLAHASSEE FL 32301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 107 Bauer Dr.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 12/05/1996	
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	HARRISON, DEAN C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7701 FORSYTH BLVD. SUITE 600	1.2 NAME	President
STREET ADDRESS	ST. LOUIS MO 63105	1.3 STREET ADDRESS	James W. Ray
CITY-ST-ZIP		1.4 CITY-ST-ZIP	107 Bauer Dr.
TITLE	VPDS <input type="checkbox"/> DELETE	2.1 TITLE	Vice president Director
NAME	HULL, ROBERT W <input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMALZ, WILLIAM A <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, MICHAEL <input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600	4.3 STREET ADDRESS	107 Bauer Dr.
CITY-ST-ZIP	ST. LOUIS MO 63105	4.4 CITY-ST-ZIP	Oakland, NJ 07436
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANNING, JAMES C <input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMACHER, SAMUEL A. <input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	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 *William A. Schmalz* *Samuel A. Hamacher* *314-727-5500*

CP2E034 (10/97)