FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT 1. Corporation Name B-LINE SYSTEMS, INC F97000001656 Principal Place of Business Mailing Address 3050 SPRUCE ST. 3050 SPRUCE ST. ST. LOUIS MO 63103 ST. LOUIS MO 63103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1997 2. Principal Place of Business 2a. Mailing Address Humber Applied For 37-1364402 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Personal Properly Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 Zip Code 84 City 85 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 title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE President /COO Addition 1.1 MILE TITLE Thomas E. Briggs 502 West Monroe CORI, CARL T 1.2 NAME NAME 3050 SPRUCE ST. 1.3 STREET ADDRESS STREET ADDRESS Highland, IL 62249 **ST. LOUIS MO 63103** 1.4 CITY-ST-ZIP DITY-ST-ZIP Addition **Change** DELETE 2.1 THIE Director TITLE HARVEY, DAVID R 2.2 NAME NAME 3050 SPRUCE ST. 2.3 STREET ACIDRESS STREET ADDRESS **ST. LOUIS MO 63103** CITY-ST-ZIP 2 4 CITY-ST-7IP Addition DELETE Controller 3 1 TITLE TITLE John Goldschmidt GLEICH, PETER A NAME 3.2 NAME 3050 SPRUCE ST. west main STREET ADDRESS 3.3 STREET ADDRESS íqhland; IL 62249 ST. LOUIS MO 63103 CITY-ST-ZIP 3 4. CHTY-S1-2IP Viel President William & Corray Addition DELETE Change 4.1 1ITLE TITLE KASKOWITZ, JEROME I 4.2 NAME NAME 502 West maring 3050 SPRUCE ST. 4.3 STREET ADDRESS STREET ADDRESS 62275 ST. LOUIS MO 63103 CITY-ST-ZIP 4.4 CITY-ST-ZIP 80000248384Pings X DELETE Addition 51 TITLE TITLE RICHTER, KIRK A -04/09/98---01033--016 5.2 NAME NAME 3050 SPRUCE ST. 5.3 STREET ADDRESS ***150.00 STREET ADDRESS **ST. LOUIS MO 63103** CITY-ST-ZIP 54 CiTY-S1-ZIP Chairman/CED DELETE Addition 61 TITLE TITLE WORLEY, FLOYD 6.2 NAME NAME 502 West monroe 3050 SPRUCE ST. 6.3 STREET ADDRESS STREET ADDRESS ST. LOUIS MO 63103 64 City - ST-7IP H (oh lond), TL 62249 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 logal 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 13 if chapped or on an altarchmont with an address.

Block 12 or Block 13 if changed, or on an attachment with an address.

Tohn ColdSchmidt 3-20-98 (618)654-2184