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FILED
Apr 13 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 # **F97000002309 (9)**

1. Corporation Name
BWC OF MISSOURI, INC.

Principal Place of Business

**8020 FORSYTH BLVD.
ST. LOUIS MO 63105**

Mailing Address

**8020 FORSYTH BLVD.
ST. LOUIS MO 63105**

Attn: Jim Graczyk

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

43-1779309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

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

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 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	VP, CFO, Secretary, Director
NAME	CHAPMAN, ROBERT H	1.2 NAME	Lawson, James W.
STREET ADDRESS	48 GODWIN LANE	1.3 STREET ADDRESS	8020 Forsyth Blvd.
CITY-ST-ZIP	ST LOUIS MO 63011	1.4 CITY-ST-ZIP	St. Louis MO 63105
TITLE	V	2.1 TITLE	
NAME	COONROD, GREGORY L	2.2 NAME	
STREET ADDRESS	2020 LYNN BAY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SULLIVAN, TIMOTHY J	3.2 NAME	
STREET ADDRESS	1118 NORTH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63122	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ZACCARELLO, MICHAEL D	4.2 NAME	
STREET ADDRESS	7434 OXFORD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BORCHELT, CHARLES H	5.2 NAME	
STREET ADDRESS	419 BROOKTREE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN MO 63011	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE

Michael D Zaccarelli

Michael D Zaccarelli 3/23/98

3/4-862-8000

CR2E034 (10/97)