

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

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G05752** (2)

1. Corporation Name
HSB OF ORLANDO, INC.

Principal Place of Business C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118	Mailing Address C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118-1849
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1982	3a. Date of Last Report 02/21/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2540009	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
		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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JOHN B.	1.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	Schedule Attached
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, LAURA H.	2.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, GERALD C.	3.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	TC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUNDERLICH, ALBERT R.	4.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RICHARD N.	5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Laura Reeves* 1/22/97 314-577-2359
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E034 (9/96)

HSH OF ORLANDO, INC.

(Business Address: One Busch Place, St. Louis, MO 63118)

OFFICERS

John B. Roberts	President
Laura H. Reeves	Secretary
John J. Schaefer	Assistant Secretary
William J. Kimmins	Treasurer
Richard N. Hill	Assistant Treasurer
John D. Castagno	Tax Controller

DIRECTOR

John B. Roberts

Effective 5/1/96