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FILED  
May 01 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 # **K03275** (0)  
1. Corporation Name  
**HARD METAL ALLOYS, INC.**

Principal Place of Business  
**1800 13TH AVENUE NORTH  
ST. PETERSBURG FL 33713-5738**

Mailing Address  
**101 S. HANLEY, #300  
ST. LOUIS MO 63105-3420**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2858709</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, RANDALL E.	1.2 NAME	
STREET ADDRESS	101 S. HANLEY, #300	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63105	1.4 CITY - ST - ZIP	
TITLE	VP/T <input type="checkbox"/> DELETE	2.1 TITLE	<b>Sr. VP/CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, JAMES H.	2.2 NAME	
STREET ADDRESS	101 S. HANLEY, #300	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63105	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPHSON, STEPHANIE N.	3.2 NAME	
STREET ADDRESS	101 S. HANLEY, #300	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63105	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, THOMAS	4.2 NAME	
STREET ADDRESS	101 S. HANLEY, #300	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63105	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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: X *James H. Tate* James H. Tate 4-25-97 (314) 721-5573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)