

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K95731** (1)  
1. Corporation Name  
**INTERNATIONAL STORAGE SYSTEMS CORPORATION**

MAIL



Principal Place of Business  
C/O BOB DAVID  
11230 HARLAND DRIVE, N.E.  
COVINGTON GA 30209  
US

Mailing Address  
C/O BOB DAVID  
11230 HARLAND DRIVE, N.E.  
COVINGTON GA 30209-2628  
US

3. Date Incorporated or Qualified <b>06/15/1989</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>58-1849814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>No. 1 Leggett Road</b>
22 City & State	27 <b>Leggett &amp; Platt Tax Dept.</b>
23 Zip	28 <b>Carthage, MO</b>
24 Country	29 <b>64836</b>
25	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGDON, SUSAN S.</b>	1.2 NAME	
STREET ADDRESS	<b>#1 LEGGETT ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CATHAGE MO</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLADDEN, ROGER</b>	2.2 NAME	
STREET ADDRESS	<b>#1 LEGGETT ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARTHAGE MO</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYE, RAYMOND</b>	3.2 NAME	
STREET ADDRESS	<b>11230 HARLAND DRIVE NE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COVINGTON GA</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JETT, ERNEST C.</b>	4.2 NAME	<b>S/D</b>
STREET ADDRESS	<b>#1 LEGGETT ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARTHAGE MO</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Kenneth W. Purser</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>No. 1 Leggett Road</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VP/AS/AT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Michael A. Glauber</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>No. 1 Leggett Road</b>
			<b>Carthage, MO 64836</b>

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 or changed, or on an attachment with an address.

SIGNATURE: *Kenneth W. Purser* Kenneth W. Purser 4/22/97 (417)358-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0013373

CR2E034 (9/96)