


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>CPI MANAGEMENT SERVICES, L.L.C.</b> <b>1706 WASHINGTON AVE.</b> <b>ST. LOUIS MO 63103</b>		<b>DOCUMENT # M96000000040</b>  <i>98-AR CM</i>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3a. State of Formation  MO  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified  02/08/1996  4. FEI Number  43-1729901  5. Date of Last Report  03/21/1997	
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  300002516643--7  Suite, Apt. #, etc.  -05/08/98--01016--013 ***188.75 ***188.75  City  FL  Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ISAAC, RUSSELL	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	STECHER, HARRY	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	APRIL, DAVID	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	NELSON, JANE E	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	ARTHUR, BARRY	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	Consumer Programs Incorporated	1706 Washington Ave.	St. Louis, MO 63103
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Barry Arthur</i>		Barry Arthur Manager 4/24/98 (314) 231-1575	