File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State Chimi - 3 PH 5: 00 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT** # M96000000040 1a. Principal Place of Business Address CPI MANAGEMENT SERVICES, L.L.C. 1706 WASHINGTON AVE. 1706 WASHINGTON AVE. ST. LOUIS MO 63103 ST. LOUIS MO 63103 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/08/1996 MO Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 43-1729901 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 05/01/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ (Registered Agent Accepting Appearanch); (NOTE Registered Agent signature required when revisiting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR CONSUMER PROGRAMS IN, 1706 WASHINGTON AVE. ST. LOUIS MO 100002870161---2 -05/10/99--01141--007 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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

Bamy William

SIGNATURE:

INHSE10 R (12-98)

## CONSUMER PROGRAMS INCORPORATED 1706 WASHINGTON AVENUE ST. LOUIS, MO 63103 FEIN: 43-0791360 INCORPORATED 04/16/63 (MO)

ZIP	63124 63017 62265 63119 63033	ZIP	63124 63017 63119
CITY, STATE	Frontenac, MO Chesterfield, MO New Baden, IL St. Louis, MO Florissant, MO	CITY, STATE	Frontenac, MO Chesterfield, MO St. Louis, MO
ADDRESS	492-30-5381 21 Somerset Downs Drive 496-46-2924 14538 Crossway Court 355-34-8976 219 North Third Street 504-60-3821 1101 Webster Crossing Ct 493-72-4474 12643 Shephard Drive	ADDRESS	492-30-5381 21 Somerset Downs Drive Frontenac, MO 496-46-2924 14538 Crossway Court Chesterfield, M 504-60-3821 1101 Webster Crossing Ct St. Louis, MO
8.S#	492-30-5381 496-46-2924 355-34-8976 504-60-3821 493-72-4474	S.S#	492-30-5381 496-46-2924 504-60-3821
OFFICE	Chairman of the Board President Vice President/Treasurer Secretary Assistant Secretary		
OFFICERS' NAME	Alyn V. Essman Russell Isaak Barry Arthur Jane E. Nelson Tamee V. Reese	DIRECTORS' NAME	Alyn V. Essman Russell Isaak Jane E. Nelson

REV: 01/14/98