

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 MAR 21 AM 7:47

<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #19600000041**

**CPI IMAGES, L.L.C.**  
**1706 WASHINGTON AVE.**  
**ST. LOUIS MO 63103**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

**1706 WASHINGTON AVE.**  
**ST. LOUIS MO 63103**

*MWB*

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/08/1996	MO
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		43-1729899	<input type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired
					\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. **810002129518 7**

City

Zip Code **FL**

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	<del>SEBUHR, THEODORE</del> <i>Arthur, Barry</i>	1706 WASHINGTON AVE.	ST. LOUIS MO
MGR	NELSON, JANE E	1706 WASHINGTON AVE.	ST. LOUIS MO

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:** *Barry Arthur* **Barry Arthur** 3-17-97 314-231-1575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #