


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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company CPI IMAGES, L.L.C. 1706 WASHINGTON AVE. ST. LOUIS MO 63103 | | DOCUMENT #196000000041 1a. Principal Place of Business Address 1706 WASHINGTON AVE. ST. LOUIS MO 63103 <div style="text-align: right;"><i>mwb</i></div> | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Organized or Qualified 02/08/1996 | | 3a. State of Formation MO | |
| 4. FEI Number 43-1729899 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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. 810002123558 7 03/25/97 01055 019 ****203.75 ****203.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| 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 | SEBUHR, THEODORE <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: <i>Barry Arthur</i> | | <i>Barry Arthur</i> | 3-17-97 314-231-1575 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | Daytime Phone # |