


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -7 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																									
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000190 SLP CAPITAL II, L.L.C. 712 NORTH SECOND STREET ST. LOUIS MO 63102				1a. Principal Place of Business Address 712 NORTH SECOND STREET ST. LOUIS MO 63102																					
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 3a. State of Formation 02/26/1998 DE 4. FEI Number 43-1789798 <input type="checkbox"/> Applied For <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 CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature Required when Filing)</small>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>EDMONDS, HENRY M</td> <td>712 NORTH SECOND STREET</td> <td>ST. LOUIS MO</td> </tr> <tr> <td>MGRM</td> <td>POLK, WILLIAM L</td> <td>712 NORTH SECOND STREET</td> <td>ST. LOUIS MO</td> </tr> <tr> <td>MGRM</td> <td>PERRY, RICHARD W</td> <td>5800 CORPORATE WAY</td> <td>WEST PALM BEACH FL</td> </tr> <tr> <td>MGRM</td> <td>BISSELL, E. PEROT IV</td> <td>1201 THIRD AVENUE, #1950</td> <td>SEATTLE WA</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	EDMONDS, HENRY M	712 NORTH SECOND STREET	ST. LOUIS MO	MGRM	POLK, WILLIAM L	712 NORTH SECOND STREET	ST. LOUIS MO	MGRM	PERRY, RICHARD W	5800 CORPORATE WAY	WEST PALM BEACH FL	MGRM	BISSELL, E. PEROT IV	1201 THIRD AVENUE, #1950	SEATTLE WA
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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: Henry M. Edmonds 4/15/99 314 231-9020																									