FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03991 (7)

1. Corporation Name

ST. LOUIS INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
ONE BOATMEN'S PLAZA 800 MARKET STREET ST. LOUIS MO 63101	ONE BOATMEN'S PLAZA 800 MARKET STREET ST. LOUIS MO 63101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1984
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business — 21, Suite, Apt. #, etc — 22, City & State — 23, Zip — 24, Country — 25

2a. Mailing Address — 26, Suite, Apt. #, etc — 27, City & State — 28, Zip — 29, Country — 30

4. FEI Number: 43-0972329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electron Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date)
Signature, typed or printed name of registered agent and title if applicable. (If not Registered Agent signature required above and below)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BERGFELD, JR., E WILLIAM	12 NAME	
STREET ADDRESS	7800 FORSYTH BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, DONALD E.	22 NAME	Lawrence K. Otto
STREET ADDRESS	ONE BOATMEN'S PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FITZROY, FORREST S.	32 NAME	
STREET ADDRESS	ONE BOATMEN'S PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MEIER, SUZANNE M.	42 NAME	
STREET ADDRESS	7800 FORSYTH BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is authorized, furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ E. William Bergfeld, Jr. 02/14/95 314 466-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0400734 FP