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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07503 (6)
 1. Corporation Name
BARRY-WEHMILLER DESIGN GROUP, INC.



Principal Place of Business ATTN JIM GRACZYK ST. LOUIS MO 63105 US	Mailing Address ATTN JIM GRACZYK ATT. SUSAN REYNOLDS ST. LOUIS MO 63105 US
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3. Date Incorporated or Qualified 09/24/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1307784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 8020 Forsyth Blvd
22 City & State	27 City & State ST. LOUIS, MO
23 Zip 24 Country	28 Zip 63105 Country 29 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME CHAPMAN, ROBERT H.	11 TITLE	12 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST. LOUIS MO	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE VS	NAME TIMOTHY J SULLIVAN	21 TITLE	22 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST. LOUIS MO	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE D	NAME BORCHELT, CHARLES H.	31 TITLE	32 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST. LOUIS MO	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE AST	NAME ZACCARELLO, MICHAEL D	41 TITLE	42 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST LOUIS MO	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE P	NAME OSTAPOWICZ, PHILLIP G	51 TITLE	52 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST. LOUIS MO	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE VPF	NAME KROLL, JORME A	61 TITLE	62 NAME
STREET ADDRESS 8020 FORSYTH BLVD	CITY-ST-ZIP ST. LOUIS MO	63 STREET ADDRESS	64 CITY-ST-ZIP

14. 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Matthew D. ...* **Has/97** **314 862 8000**

CR2E034 (9/96)