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 APR 19 PM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08445 (9)

1. Corporation Name
W.F. CANN COMPANY, INC.

Principal Place of Business	Mailing Address
% 1ST FINANCIAL BLDG CORP 13537 BARRETT PKWY DR MANCHESTER MO 63021-2966	% 1ST FINANCIAL BLDG CORP 13537 BARRETT PKWY DR MANCHESTER MO 63021-2966

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 05/01/1994

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: 43-6038042 ☐ Applied For ☐ Not Applicable

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

6. Election 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GUARIGLIA, CHARLES P.	1.2 NAME	KREISHMAN, JOHN A.	
STREET ADDRESS	38 ROCKWOOD FOREST RIDGE	1.3 STREET ADDRESS	6916 WATERMAN	
CITY-ST-ZIP	EUREKA MO	1.4 CITY-ST-ZIP	ST. LOUIS, MO 63130	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	BAMMAN, W.M.	2.2 NAME		
STREET ADDRESS	630 PEARL	2.3 STREET ADDRESS		
CITY-ST-ZIP	KIRKWOOD MO	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	VD	☐ Change ☒ Addition
NAME		3.2 NAME	BURT, JAMES B.	
STREET ADDRESS		3.3 STREET ADDRESS	2888 DRESDEN SQUARE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ATLANTA, GA 30341	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	JAGER, STEPHEN L.	
STREET ADDRESS		4.3 STREET ADDRESS	10 CHRISTOPHER DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ENFIELD, CT	
TITLE		5.1 TITLE	SVD	☐ Change ☒ Addition
NAME		5.2 NAME	STARKE, ROBERT F.	
STREET ADDRESS		5.3 STREET ADDRESS	1743 TRALEE LANE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MANCHESTER, MO 63011	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: _____ John A. Kreishman 4/18/95 314-821-2265
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date (Daytime Phone #)

FN