

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P09293		(2)	
1. Corporation Name CLARK G.I.C., INC.					



Principal Place of Business 8182 MARYLAND ST. LOUIS MO 63105	Mailing Address 8182 MARYLAND ST. LOUIS MO 63105-3786
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1986		3a. Date of Last Report 05/01/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 43-1294749		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

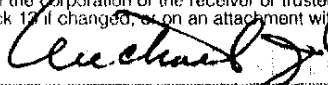
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HIGHES, CHRISTINE	1.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLAYTON MO	1.4 CITY- ST- ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NOVELLY, P. A.	2.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. LOUIS MO	2.4 CITY- ST- ZIP	
TITLE	VPT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARK, JOHN L JR	3.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLAYTON MO	3.4 CITY- ST- ZIP	
TITLE	DP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOVELLY, P. A.	4.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. LOUIS MO	4.4 CITY- ST- ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LERCH, MICHAEL J.	5.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. LOUIS MO	5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	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 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:  Assistant Secretary 4/29/97 854-8532 (314)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone: _____

CR2E034 (9/96)