

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16955** (7)

1. Corporation Name
CENTERMARK PROPERTIES, INC.

Principal Place of Business Mailing Address
**611 OLIVE STREET
SUITE 1555
ST. LOUIS MO 63101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1987		3a. Date of Last Report 04/27/1994	
4. FEI Number 43-0758627		Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business TAX DEPT.		2a. Mailing Address TAX DEPT.		4. FEI Number 43-0758627	
21. SOUTH COUNTY CENTER		26. SOUTH COUNTY CENTER		Applied For Not Applicable	
22. 85 SOUTH CENTERWAY		27. 85 SOUTH CENTERWAY		5. Certificate of Status Desired <input type="checkbox"/>	
23. ST. LOUIS, MO		28. ST. LOUIS, MO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24. 63129		29. 63129		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. US		30. US		9. Name and Address of Current Registered Agent	

**C T CORPORATION SYSTEM
1200 SOUTH 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	
85 Zip Code	FL

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: _____ (Type or print name of registered agent and date of signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, PETER B	1.2 NAME	PETER S. LOWY.
STREET ADDRESS	611 OLIVE ST.	1.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP	ST. LOUIS MO	1.4 CITY, ST, ZIP	LOS ANGELES, CA 90025
TITLE	S	2. TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEGGE, JERRIE H.	2.1 NAME	ROBERT BIRMINGHAM
STREET ADDRESS	611 OLIVE ST.	2.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP	ST. LOUIS MO	2.4 CITY, ST, ZIP	LOS ANGELES, CA 90025
TITLE	T	3. TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, AL E.	3.2 NAME	MARK H. WILSON
STREET ADDRESS	611 OLIVE ST.	3.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP	ST. LOUIS MO	3.4 CITY, ST, ZIP	LOS ANGELES, CA 90025
TITLE	D	4. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, PHYLLIS A	4.2 NAME	MARTIN BUCKSBAUM
STREET ADDRESS	611 OLIVE ST.	4.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP	ST. LOUIS MO	4.4 CITY, ST, ZIP	LOS ANGELES, CA 90025
TITLE	PD	5. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFSTROM, WILLIAM E.	5.2 NAME	RICHARD E. GREEN
STREET ADDRESS	611 OLIVE ST.	5.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP	ST. LOUIS MO	5.4 CITY, ST, ZIP	LOS ANGELES, CA 90025
TITLE		6. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MATTHEW BUCKSBAUM
STREET ADDRESS		6.3 STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY, ST, ZIP		6.4 CITY, ST, ZIP	LOS ANGELES, CA 90025

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Section 119.07(3)(b), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark H. Wilson

4/25/95 (30) 445-2419
Date Officer's Name