PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20723

1. Corporation Name
COLERIDGE CORPORATION

Principal Place of Business	Mailing Address
C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118	C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1988

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2735444 ☐ 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 owes the current year intangible Personal Property Tax. ☐ 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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BILBO, MELVIN L		1.2 NAME	Schedule Attached
STREET ADDRESS	ONE BUSCH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		1.4 CITY-ST-ZIP	
TITLE	TC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WUNDERLICH, ALBERT R.		2.2 NAME	700000285037
STREET ADDRESS	ONE BUSCH PLACE		2.3 STREET ADDRESS	-04/30/99--01148--001
CITY-ST-ZIP	ST. LOUIS MO		2.4 CITY-ST-ZIP	***2850.00 ****150.00
TITLE	AT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HILL, RICHARD N.		3.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, LAURA H.		4.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, THOMAS L		5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JOHN B.		6.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: John D. Castagno, Tax Controller 1/28/99 314/577-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

COR2E034 (11/98)