


NOTE: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P21887		(5)		<i>n/c</i> <i>1-29-98</i>	
1. Corporation Name CREANOVA INC.					
Principal Place of Business 220 DAVIDSON AVE SOMERSET NJ 08873 US		Mailing Address C/O HULS CORPORATION 13801 RIVERPORT DRIVE, SUITE 500 MARYLAND HEIGHTS MO 63043 US			



DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-2958049	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	RUTER, JORN		1.1 TITLE	D/P/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PAUL-BAUMANN-STR. 1		1.2 NAME	Dr. Wolfgang Minnerup	
CITY-ST-ZIP	45772 MARL GE		1.3 STREET ADDRESS	Paul-Baumann-Str.	
TITLE	PCOO	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	45764 Marl GE	
NAME	BURZIN, KLAUS		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 DAVIDSON AVE		2.2 NAME		
CITY-ST-ZIP	SOMESSET NJ		2.3 STREET ADDRESS	Paul-Baumann-Str.	
TITLE	VCFO	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	45764 Marl GE	
NAME	SIGG, BRIAN J		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 DAVIDSON AVE		3.2 NAME		
CITY-ST-ZIP	SOMERSET NJ		3.3 STREET ADDRESS		
TITLE	VSD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, P.T.		4.1 TITLE		
STREET ADDRESS	220 DAVIDSON AVE		4.2 NAME		
CITY-ST-ZIP	SOMERSET NJ		4.3 STREET ADDRESS		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	SCHRAGE, KLAUS		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	220 DAVIDSON AVE		5.2 NAME	Robert J. Morlino	
CITY-ST-ZIP	SOMERSET NJ		5.3 STREET ADDRESS	220 Davidson Ave	
TITLE	V	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	Somerset NJ 08873	
NAME	COLLINS, JOHN J O		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	220 DAVIDSON AVE		6.2 NAME		
CITY-ST-ZIP	SOMERSET NJ		6.3 STREET ADDRESS		
			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.

SIGNATURE *[Signature]* **314-298-4100**

CR2E034 (10/97)