

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:09

DOCUMENT # P29971 (9)

1. Corporation Name
SABRELINER CORPORATION

Principal Place of Business Mailing Address
434 G. WOODS MILL ROAD - 434 G. WOODS MILL ROAD -
STE-200 - STE-200 -
CHESTERFIELD MO 63017 - CHESTERFIELD MO 63017 -

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/27/1990 3a. Date of Last Report 02/14/1994

2. Principal Place of Business 2a. Mailing Address
21 7733 FORSYTH BOULEVARD 26 8849 SEEGER INDUSTRIAL DR

4. FEI Number 43-1289921 Applied For Not Applicable

22 SUITE 1500 27 Suite, Apt. #, etc.

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

23 CLAYTON, MO. 28 ST. LOUIS, MO.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 63105 - 1821 25 USA 29 63134 - 1088 30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LAMOREUX, F. HOLMES
STREET ADDRESS	54 WESTMORE LAND PLACE
CITY - ST - ZIP	ST. LOUIS MO
TITLE	D
NAME	FREDSTON, ARTHUR H.
STREET ADDRESS	1 BATTERY PARK PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	HARMON, MARY B.
STREET ADDRESS	1447 TAHITI DR.
CITY - ST - ZIP	SANIBEL FL
TITLE	VSTD
NAME	ASELAGE, SUSAN S.
STREET ADDRESS	2 HILLCREST DR.
CITY - ST - ZIP	ST. LOUIS MO
TITLE	V
NAME	DOWD, ROBERT F.
STREET ADDRESS	8849 SEEGER INDUSTRIAL DR.
CITY - ST - ZIP	ST. LOUIS MO
TITLE	D
NAME	GILBERT, G.S. BECKWITH
STREET ADDRESS	35 VISTA DR.
CITY - ST - ZIP	GREENWICH CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 applicable, or on an attachment with an address.

SIGNATURE: X *Robert F. Dowd* ROBERT F. DOWD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95
Date

314/063-6000
Telephone #