

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # P29971 (9)
1. Corporation Name
SABRELINER CORPORATION



Principal Place of Business: **7733 FORSYTH BOULEVARD SUITE 1500 CLAYTON MO 631-1-21 US**
Mailing Address: **8849 SEEGER INDUSTRIAL DR. STE. 200 ST. LOUIS MO 63134-1088 US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 **63105-1821** 25 Country
2a. Mailing Address
26 **7733 FORSYTH BLVD.**
27 Suite, Apt. #, etc.
28 **SUITE 1500**
29 City & State
30 **CLAYTON, MO.**
31 Zip
32 **63105-1821** 33 Country
34 **U.S.A.**

3. Date Incorporated or Qualified: **06/27/1990**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **43-1289921**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **\$5.00 May Be Added to Fees**

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 _____ DATE _____
Signature typed or printed name of registered agent and official above (NOTE - Registered Agent Signature required when first filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMOREUX, F. HOLMES	1.2 NAME	
STREET ADDRESS	54 WESTMORE LAND PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDSTON, ARTHUR H.	2.2 NAME	
STREET ADDRESS	1 BATTERY PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, MARY B.	3.2 NAME	
STREET ADDRESS	1447 TAHITI DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	
TITLE	VSTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASELAGE, SUSAN S.	4.2 NAME	
STREET ADDRESS	2 HILLCREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWD, ROBERT F.	5.2 NAME	
STREET ADDRESS	8849 SEEGER INDUSTRIAL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, G.S. BECKWITH	6.2 NAME	
STREET ADDRESS	35 VISTA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	6.4 CITY-ST-ZIP	

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SR.VICE PRESIDENT & CFO
OLSON, RODNEY E.
7733 FORSYTH BLVD., SUITE 1500
ST. LOUIS, MO. 63105-1821

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt or stated in Section 119.07(3)(k), 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: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96
Daytime Phone # _____

CR2E034 (12/95)