

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**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  
**7733 FORSYTH BOULEVARD SUITE 1500 CLAYTON MO 63105-1817 US**

3. Date Incorporated or Qualified  
**06/27/1990**

3a. Date of Last Report  
**04/09/1996**

4. FEI Number  
**43-1289921**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMOREUX, F. HOLMES</b>	
STREET ADDRESS	<b>54 WESTMORELAND PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FREDSTON, ARTHUR H</b>	
STREET ADDRESS	<b>1 BATTERY PARK PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARMON, MARY B</b>	
STREET ADDRESS	<b>1447 TAHITI DR.</b>	
CITY-ST-ZIP	<b>SANIBEL FL</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ASELAGE, SUSAN S</b>	
STREET ADDRESS	<b>2 HILLCREST DR.</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>VPCF</b>	<input type="checkbox"/> DELETE
NAME	<b>OLSON, RODNEY E</b>	
STREET ADDRESS	<b>7733 FORSYTH BOULEVARD SUITE 1500</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63105-1821</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILBERT, G.S. BECKWITH</b>	
STREET ADDRESS	<b>35 VISTA DR.</b>	
CITY-ST-ZIP	<b>GREENWICH CT</b>	

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 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: \_\_\_\_\_ DATE: **4/17/97**

CP2E034 (9/96)