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Mar 11, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P30398			
1. Corporation Name MANNA PRO CORPORATION			
Principal Place of Business 7711 CARONDELET AVE. STE. 800 CLAYTON MO 63105		Mailing Address 7711 CARONDELET AVE. STE. 800 CLAYTON MO 63105	
2. Principal Place of Business 21 707 SPIRIT 40 PARK DRIVE Suite, Apt. #, etc. 22 SUITE 150 City & State 23 CHESTERFIELD MO. Zip 24 63005 Country 25 USA		2a. Mailing Address 26 707 SPIRIT 40 PARK DRIVE Suite, Apt. #, etc. 27 SUITE 150 City & State 28 CHESTERFIELD MO Zip 29 63005 Country 30 USA	
3. Date Incorporated or Qualified 07/30/1990			
4. FEI Number 95-3991180			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation owes the current year Intangible Personal Property Tax. <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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
PD CHAPMAN, LAWRENCE R. 18 FRONTENAC ESTATES ST. LOUIS MO		PRESIDENT & CEO ANDREW R. BLISLER 16 WILLOWHILL DR. LABUE MO.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
VT MINARD, JOHN 14780 DOVERSHIRE COURT CHESTERFIELD MO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
S MINARD, JOHN D 14780 DOVERSHIRE CT CHESTERFIELD MO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D SHANAHAN, JAMES 11260 CHESTER RD CINCINNATI OH		CHAIRMAN OF BOARD PAUL R. CROTTY 9 OLD KINGS HIGHWAY SOUTH DARIEN CT 06820-1224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D MORGAN, WILLIAM J 4330 SHANEE MISSION PKWY ROELAND PKWY KS		DIRECTOR BRIAN P. MURPHY 9 OLD KINGS HIGHWAY SOUTH DARIEN CT 06820-1224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
D THOMAS, BARNHART 4330 SHWNEE MISSION PKWY RELAND PKWY KS		DIRECTOR ROB WOODARD 400 SW 8TH STREET, SUITE 200 TOPEKA, KANSAS 66603-3925	

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. Minard 2/26/99 314-681-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)