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Feb 03 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 # P30743 (9)

1. Corporation Name  
CPTPFC, INC.

Principal Place of Business

P. O. BOX 780104  
M S #22  
ST. LOUIS MO 63179  
US

Mailing Address

P. O. BOX 780104  
M S #22  
ST. LOUIS MO 63179-0104  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/28/1990

3a. Date of Last Report

02/06/1996

4. FEI Number

13-3614604

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

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	DEVINE, MARK J.	15851 CLAYTON RD.	ST. LOUIS MO	<input checked="" type="checkbox"/>
DV	ROSENBERG, KIM D.	14058 MONTRACHEL LANE	ST. LOUIS MO	<input checked="" type="checkbox"/>
AT	LOWRY, STEPHEN C	12855 N. OUTER FORTY DRIVE	ST. LOUIS MO	<input type="checkbox"/>
VDT	MEOLA, ANTHONY T.	16313 WILSON CREEK	CHESTERFIELD MO	<input checked="" type="checkbox"/>
S	BOYHER, JEFFERY L.	670 MASON RIDGE VENTER D	ST. LOUIS MO	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PRESIDENT/DIRECTOR	RICHARD THORN BERRY	12855 N. OUTER 40 DRIVE	ST. LOUIS, MO. 63141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEO/CHAIRMAN	CARL E. LEVINSON	12855 N. OUTER 40 DRIVE	ST. LOUIS, MO. 63141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	ROBERT J. JONES	12855 N. OUTER 40 DRIVE	ST. LOUIS, MO. 63141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

STEPHEN C. LOWRY

1/15/97 (314) 851-6454

CR2E034 (9/96)