FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40202 (4)

1. Corporation Name

WEBSTER CLOTHES, INC.

Principal Place of Business	Mailing Address
501 NO BROADWAY ST. LOUIS MO 63102 US	PO BOX 14445 ST LOUIS MO 63178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 52-0557378 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 Country: 25 / Zip: 29 Country: 30

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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	SNEIDER, MARTIN	1.2 NAME	ALAN MILLER
STREET ADDRESS	6420 ELLENWOOD AVE.	1.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP	CLAYTON MO	1.4 CITY-ST-ZIP	ST. LOUIS MO 63102
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCAIN, THOMAS K.	2.2 NAME	
STREET ADDRESS	12707 CORUM WAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CREVE COEUR MO	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	SACHS, ALAN A.	3.2 NAME	
STREET ADDRESS	7422 WILLINGTON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☑ Change ☐ Addition
NAME	WEEKS, LEE G.	4.2 NAME	DAVID COOPER
STREET ADDRESS	2263 DERBY WAY	4.3 STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	ST. LOUIS MO 63102
TITLE	CD	5.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	NEWMAN, ANDREW	5.2 NAME	
STREET ADDRESS	#5 DROMARA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	S.T LOUIS MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Thomas McCain VP 4/21/95 314 331 7548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas McCain

0499007 FP