

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

FILED

Apr 30 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 # P40202

(4)

1. Corporation Name

WEBSTER CLOTHES, INC.

Principal Place of Business

501 NO BROADWAY
ST. LOUIS MO 63102
US

Mailing Address

PO BOX 14445
ST LOUIS MO 63178-4445
US



3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

04/26/1996

4. FEI Number

52-0557378

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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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 of agent or previous agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAIN, THOMAS K.	
STREET ADDRESS	12707 CORUM WAY DRIVE	
CITY-ST-ZIP	CREVE COEUR MO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SACHS, ALAN A.	
STREET ADDRESS	7422 WILLINGTON WAY	
CITY-ST-ZIP	CLAYTON MO	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	COOPER, DAVID	
STREET ADDRESS	501 N BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, ANDREW	
STREET ADDRESS	#5 DROMARA RD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	UD KARL MICHAEL
6.3 STREET ADDRESS	501 N BROADWAY
6.4 CITY-ST-ZIP	ST LOUIS MO 63102

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0483387

CR2E034 (9/96)