


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/26/1992	4. FEI Number 52-0557378 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00			

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	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, ALAN			12 NAME	LAURENCE HANIG		
STREET ADDRESS	501 N BROADWAY			13 STREET ADDRESS	501 N BROADWAY		
CITY-ST-ZIP	ST. LOUIS MO			14 CITY-ST-ZIP	ST. LOUIS, MO 63102		
TITLE	V	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAIN, THOMAS K.			22 NAME			
STREET ADDRESS	12707 CORUM WAY DRIVE			23 STREET ADDRESS			
CITY-ST-ZIP	CREVE COEUR MO			24 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHS, ALAN A.			32 NAME			
STREET ADDRESS	7422 WILLINGTON WAY			33 STREET ADDRESS			
CITY-ST-ZIP	CLAYTON MO			34 CITY-ST-ZIP			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		41 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOPER, DAVID			42 NAME	JACK BORTELLO		
STREET ADDRESS	501 N BROADWAY			43 STREET ADDRESS	501 N BROADWAY		
CITY-ST-ZIP	ST. LOUIS MO			44 CITY-ST-ZIP	ST. LOUIS MO 63102		
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWMAN, ANDREW			52 NAME	BRIAN BROWN		
STREET ADDRESS	#5 DROMARA RD			53 STREET ADDRESS	5050 KATHA DRIVE 200		
CITY-ST-ZIP	ST LOUIS MO			54 CITY-ST-ZIP	PRINCETON, NJ 08540		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		61 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHNER, KARL			62 NAME	VANCE BOST		
STREET ADDRESS	501 N BROADWAY			63 STREET ADDRESS	1100 KATHA DRIVE		
CITY-ST-ZIP	ST LOUIS MO			64 CITY-ST-ZIP	NEW YORK NY 10020		

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.

SIGNATURE _____

CR2E034 (10/97)