

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V38327 (5)

1. Corporation Name

STEELCOTE MANUFACTURING COMPANY



Principal Place of Business

Mailing Address

**ONE STEELCOTE SQUARE
ST. LOUIS MO 63103**

**ONE STEELCOTE SQUARE
ST. LOUIS MO 63103**

3. Date Incorporated or Qualified
05/22/1992

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324**

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 the corporation

(If Not Registered Agent, signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MILNER, JOHN
HAWTHORNE APT. 1706
ST. LOUIS MO**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
NIEDT, GREG S.
2327 ALBION PLACE
ST. LOUIS MO**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
RAVENS, RICHARD R.
1819 DOUGHERTY EST.
MANCHESTER MO**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
STELLER, BARBARA A.
1915 FLORENCE
CAHOKIA IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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**Dwight Kimelton
Rural Route 2 Box 239 National
Mt Vernon IL 622864 Sales Mgr.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barb Steller

7/24/96

314)771-9053