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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000006338 (5)**

1. Corporation Name
TITAN TOOL, INC.

Principal Place of Business	Mailing Address
1013 CENTRE ROAD WILMINGTON DE 19805-1297	1013 CENTRE ROAD WILMINGTON DE 19805-1265

3. Date Incorporated or Qualified: 12/05/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 107 Bauer Dr.	26 c/o Corporation Service Co.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1201 Hays St.
City & State 23 Oakland NJ	City & State 28 Tallahassee FL
Zip 24 07436 Country 25 USA	Zip 29 32301 Country 30 USA

4. FEI Number: 13-3615127 ☐ 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	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Director and VP	☐ Change ☒ Addition
NAME	HARRISON, DEAN C		1.2 NAME	Gregory A. Fox	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		1.3 STREET ADDRESS	7701 Forsyth Blvd. Suite 600	
CITY-ST-ZIP	ST. LOUIS MO 63105		1.4 CITY-ST-ZIP	St. Louis MO 63105	
TITLE	DV	☐ DELETE	2.1 TITLE	Secretary/VP/Director	☒ Change ☐ Addition
NAME	HULL, ROBERT W		2.2 NAME	Rob. W. Hull	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		2.3 STREET ADDRESS	7701 Forsyth Blvd. Suite 600	
CITY-ST-ZIP	ST. LOUIS MO 63105		2.4 CITY-ST-ZIP	St. Louis MO 63105	
TITLE	SAS	☐ DELETE	3.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	SCHMALZ, WILLIAM A		3.2 NAME	William A. Schmalz	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		3.3 STREET ADDRESS	7701 Forsyth Blvd. Suite 600	
CITY-ST-ZIP	ST. LOUIS MO 63105		3.4 CITY-ST-ZIP	St. Louis MO 63105	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOYCE, MICHAEL		4.2 NAME		
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63105		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JANNING, JAMES C		5.2 NAME		
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63105		5.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	HAMACHER, SAMUEL A		6.2 NAME	Samuel A. Hamacher	
STREET ADDRESS	7701 FORSYTH BLVD. SUITE 600		6.3 STREET ADDRESS	7701 Forsyth Blvd. # 600	
CITY-ST-ZIP	ST. LOUIS MO 63105		6.4 CITY-ST-ZIP	St. Louis MO 63105	

CR2E034 (9/96)

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: X William A. Schmalz, Asst. Secretary — 314-727-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011939