

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005191 (8)
 1. Corporation Name
KORTE DESIGN, INC.



Principal Place of Business 700 ST. LOUIS UNION STATION, STE. 200 ST. LOUIS MO 63103	Mailing Address 700 ST. LOUIS UNION STATION, STE. 200 ST. LOUIS MO 63103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-1028952	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number Is Not Acceptable)
				83	
				84	City
				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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENGLE, JOHN M	1.2 NAME	
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUHAUS, RICK A	2.2 NAME	
STREET ADDRESS	12441 US HWY. 40	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL 62249	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORTE, RALPH A	3.2 NAME	
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63103	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTGRAVE, DAVID H	4.2 NAME	
STREET ADDRESS	12441 US HWY. 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL 62249	4.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDOURIS, WILLIAM D	5.2 NAME	
STREET ADDRESS	12441 US HWY. 40	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL 62249	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINTER, MARK	6.2 NAME	
STREET ADDRESS	12441 US HWY. 40	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND IL 62249	6.4 CITY-ST-ZIP	

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: *[Signature]* **W. William D. Boudouris, V.P.** Date: **3/5/98** (618) 654-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0604493

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