

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P35497** (7)

1. Corporation Name
FIRST FINANCIAL BUILDING CORPORATION



Principal Place of Business Mailing Address
**13537 BARRETT PARKWAY DRIVE, SUITE 215
MANCHESTER MO 63021-5866**

3. Date Incorporated or Qualified **09/16/1991** 3a. Date of Last Report **04/18/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 36-3729610	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLITZ, JOHN T.	1.2 NAME	
STREET ADDRESS	415 WEST GOLF ROAD, #19	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, REX H.	2.2 NAME	
STREET ADDRESS	13537 BARRETT PARKWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGASHICK, JOHN M.	3.2 NAME	
STREET ADDRESS	415 WEST GOLF ROAD, #19	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAEGEL, CHARLES J.	4.2 NAME	
STREET ADDRESS	13537 BARRETT PARKWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUARIGLIA, CHAS. P.	5.2 NAME	VD
STREET ADDRESS	13537 BARRETT PARKWAY DR	5.3 STREET ADDRESS	KREISHMAN, JOHN A.
CITY-ST-ZIP	MANCHESTER MO	5.4 CITY-ST-ZIP	13537 BARRETT PARKWAY DR
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEL, DONALD M.	6.2 NAME	
STREET ADDRESS	ONE UNIVAC LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Charles J. Zaegel* **Charles J. Zaegel, Treasurer** 4/22/96 314-821-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)