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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35497 (7)
 1. Corporation Name
FIRST FINANCIAL BUILDING CORPORATION



Principal Place of Business 13537 BARRETT PARKWAY DRIVE, SUITE 215 MANCHESTER MO 63021-5866	Mailing Address 13537 BARRETT PARKWAY DRIVE, SUITE 215 MANCHESTER MO 63021-5896
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3. Date Incorporated or Qualified 09/16/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3729610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 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	

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GOLITZ, JOHN T.	
STREET ADDRESS	415 WEST GOLF ROAD, #19	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNLAP, REX H.	
STREET ADDRESS	13537 BARRETT PARKWAY DR	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	UNGASHICK, JOHN M.	
STREET ADDRESS	415 WEST GOLF ROAD, #19	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAEGEL, CHARLES J.	
STREET ADDRESS	13537 BARRETT PARKWAY DR	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KREISHMAN, JOHN A	
STREET ADDRESS	13537 BARRETT PKWY DR	
CITY-ST-ZIP	MANCHESTER MO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KUNKEL, DONALD M.	
STREET ADDRESS	ONE UNIVAC LANE	
CITY-ST-ZIP	WINDSOR CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	A. DAVID ROBICHAUX
6.4 CITY-ST-ZIP	13537 BARRETT PARKWAY DR MANCHESTER MO 63021

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: *Charles J. Zaegel* **Charles J. Zaegel, Treasurer** **4/18/97** **314-821-2265**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)