

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Landra B. Matham  
Secretary of State  
1705 BANKERS BUILDING

APPROVED  
AND  
FILED

95 MAY -1 AM 4:47

DOCUMENT # **P36849** (8)

1. Corporation Name

**EDJ HOLDING COMPANY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **201 PROGRESS PKWY. MARYLAND HEIGHTS MO 63043**

Main Office Address: **201 PROGRESS PKWY. MARYLAND HEIGHTS MO 63043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1991**

3a. Date of Last Report: **07/06/1994**

4. FFI Number: **43-1449982**

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(1)(a) Florida Statutes:  Yes  No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State App. # of: **22**

State App. # of: **27**

City & State: **23**

City & State: **28**

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SO. PINE ISLAND RD.  
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: **FL**

85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.02(2)(g) and 607.15(2)(b), 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 Sections 607.02(2)(g) and 607.15(2)(b), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DCP</b>	<b>BACHMANN, JOHN W.</b>	86 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>201 PROGRESS PKWY.</b>	87 NAME:	
STREET ADDRESS:	<b>MARYLAND HEIGHTS MO</b>	88 STREET ADDRESS:	
CITY & STATE:		89 CITY & STATE:	
TITLE: <b>VP</b>	<b>POPE, DARRYL L.</b>	90 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>201 PROGRESS PKWY.</b>	91 NAME:	
STREET ADDRESS:	<b>MARYLAND HEIGHTS MO</b>	92 STREET ADDRESS:	
CITY & STATE:		93 CITY & STATE:	
TITLE: <b>S</b>	<b>SOBOL, LAWRENCE R.</b>	94 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>201 PROGRESS PKWY.</b>	95 NAME:	
STREET ADDRESS:	<b>MARYLAND HEIGHTS MO</b>	96 STREET ADDRESS:	
CITY & STATE:		97 CITY & STATE:	
TITLE: <b>T</b>	<b>SOULE, EDWARD</b>	98 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>201 PROGRESS PKWY.</b>	99 NAME:	
STREET ADDRESS:	<b>MARYLAND HEIGHTS MO</b>	100 STREET ADDRESS:	
CITY & STATE:		101 CITY & STATE:	
TITLE:		102 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		103 NAME:	
STREET ADDRESS:		104 STREET ADDRESS:	
CITY & STATE:		105 CITY & STATE:	
TITLE:		106 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		107 NAME:	
STREET ADDRESS:		108 STREET ADDRESS:	
CITY & STATE:		109 CITY & STATE:	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199(1)(b), 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 this certificate had been an officer or director of the corporation at the time of or before the report or supplement was prepared. I consent to this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (314) 891-2000