

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36849
 1. Corporation Name
EDJ HOLDING COMPANY, INC.

Principal Place of Business 201 PROGRESS PKWY. MARYLAND HEIGHTS MO 63043	Mailing Address 201 PROGRESS PKWY. MARYLAND HEIGHTS MO 63043
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	12555 Manchester Rd	12/30/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Tax Department	43-1449982	
City & State		City & State		Applied For	
23		28	ST. LOUIS, MO	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29	63131	\$8.75 Additional Fee Required	
25		30	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BACHMANN, JOHN W.	
STREET ADDRESS	201 PROGRESS PKWY.	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	POPE, DARRYL L.	
STREET ADDRESS	201 PROGRESS PKWY.	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOBOL, LAWRENCE R.	
STREET ADDRESS	201 PROGRESS PKWY.	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEVEN NOVIK	
STREET ADDRESS	201 PROGRESS PKWY.	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)