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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **547670** (0)

1. Corporation Name
DIRECT MARKET CONCEPTS, INC.

Principal Place of Business
11700 CENTRAL PARKWAY
JACKSONVILLE FL 32224

Mailing Address
11700 CENTRAL PARKWAY
JACKSONVILLE FL 32224-2600

3. Date Incorporated or Qualified: **09/27/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 7498 Fullerton Street
Suite, Apt. #, etc.
22 Bldg. 600
City & State
23 Jacksonville, Florida
Zip 24 32256
Country 25 ~~Bermuda~~

2a. Mailing Address
26 P.O. Box 269
Suite, Apt. #, etc.
27
City & State
28 San Antonio Tx
Zip 29 78291
Country 30 ~~Bermuda~~

4. FEI Number: **59-1769957** — Applied For / Not Applicable
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. 199.032, Florida Statutes ☑ Yes ☐ 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 — 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID, WILLIAM	1.2 NAME	
STREET ADDRESS	11700 CENTRAL PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOUSTON, HARTE H	2.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DR SUITE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78216	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LARRY	3.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CREWS, DONALD R	4.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	5.1 TITLE	T ☒ Change ☐ Addition
NAME	RITCHIE, RICHARD L	5.2 NAME	Federico Ortiz
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	5.3 STREET ADDRESS	200 Concord Plaza Dr., Ste 800
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	San Antonio Tx 78218
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOCHHAUSER, RICHARD M	6.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	

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: Federico Ortiz - Federico Ortiz 4/8/97 210-829-9358

CR2E034 (9/96)