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 # **809097** **(9)**

1. Corporation Name

DIRECTORY DISTRIBUTING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4363 WOODSON RD. P.O. BOX 10066 ST LOUIS MISSOURI 63145	4363 WOODSON RD. P.O. BOX 10066 ST LOUIS MISSOURI 63145

3. Date Incorporated or Qualified: **10/24/1952**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **43-1292935** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	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

CT CORPORATION SYSTEM
1200 S. 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: Michael L. Shelton — VICE PRESIDENT — DATE: 3/24/96
Signature required for printed name of registered agent and title if applicable. (New Registered Agent's signature required if box 10 completed.)

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	RUNK, J W	
STREET ADDRESS	519 REDONDO	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	DVT	☐ DELETE
NAME	SHELTON, M L	
STREET ADDRESS	14712 WHITE LANE COURT	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	DS	☐ DELETE
NAME	RUNK, JUDITH A.	
STREET ADDRESS	519 REDONDO	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	☐ DELETE
NAME	RACKERS, RICHARD	
STREET ADDRESS	16735 STANFORD PL	
CITY-ST-ZIP	FLORISSANT MO	
TITLE	V	☐ DELETE
NAME	SIVDRI, STAN	
STREET ADDRESS	38 FOXWOOD DR	
CITY-ST-ZIP	NORTH ANOOVER MA	
TITLE	V	☐ DELETE
NAME	GRIMES, GARY	
STREET ADDRESS	17107 HILLCREST MEADOW DR	
CITY-ST-ZIP	CHESTERFIELD MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true, fairly 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: Michael L. Shelton — 3/24/96 — (314) 427-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)