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May 02 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 # **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 63145-0066

3. Date Incorporated or Qualified: 10/24/1952
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUNK, J W		1.2 NAME		
STREET ADDRESS	519 REDONDO		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHELTON, M L		2.2 NAME		
STREET ADDRESS	14712 WHITE LANE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUNK, JUDITH A.		3.2 NAME		
STREET ADDRESS	519 REDONDO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RACKERS, RICHARD		4.2 NAME		
STREET ADDRESS	16735 STANFORD PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORISSANT MO		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIVDRI, STAN		5.2 NAME		
STREET ADDRESS	38 FOXWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH ANOOVER MA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, GARY		6.2 NAME		
STREET ADDRESS	17107 HILLCREST MEADOW DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Michael L. Shelton 3/10/97 (314)427-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #