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PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **809097**

1. Corporation Name
**DIRECTORY DISTRIBUTING ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4363 WOODSON RD.<br>P.O. BOX 10066<br>ST LOUIS MISSOURI 63145 | 4363 WOODSON RD.<br>P.O. BOX 10066<br>ST LOUIS MISSOURI 63145 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/24/1952

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 160 CORPORATE WOODS COURT | 26 P.O. BOX 10066 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: BRIDGETON, MO (ST. LOUIS) | 28 City & State: ST. LOUIS, MO |
| 24 Zip: 63044 25 Country | 29 Zip: 63145-0066 30 Country |

4. FEI Number: 43-1292935 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | 17702 LITTLELEAF COURT | |
| 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 | 647 CLIFDEN | |
| CITY-ST-ZIP | ~~FLORISSANT MO~~ → | | 4.4 CITY-ST-ZIP | ST. CHARLES, MO | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☑ Change ☐ Addition |
| NAME | ~~SIVORI, STAN~~ → | | 5.2 NAME | SIVORI, STAN | |
| 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 (11/98)

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:** Michael L. Shelton MICHAEL L. SHELTON 1/5/99 (314) 962-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #