2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# 809097

Entity Name: DIRECTORY DISTRIBUTING ASSOCIATES, INC.

Current Principal Place of Business:

1602 PARK 370 COURT
HAZELWOOD, MO 63042

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10066
ST LOUIS, MO 631450066

New Mailing Address:

FEI Number: 43-1292935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: RUNK, JUDITH A P, D
Address: 8512 STATE RTE C
City-St-Zip: SAINTE GENEVIEVE, MO 63670

Title: VT
Name: SHELTON, MICHAEL L VT
Address: 17702 LITTLELEAF CT.
City-St-Zip: CHESTERFIELD, MO 63005

Title: D
Name: RUNK, JOHN W D
Address: 8512 STATE RTE C
City-St-Zip: SAINTE GENEVIEVE, MO 63670

Title: S
Name: BRYAN, KRISTY R
Address: 1825 E. STATE HWY AA
City-St-Zip: SPRINGFIELD, MO 65803

Title: V
Name: SIVORI, STAN V
Address: 1417 KAITLYN
City-St-Zip: KELLER, TX 76240

Title: V
Name: FOWLER, JAMES
Address: 2601 BRAEMAR PARKWAY
City-St-Zip: LAKE ST. LOUIS, MO 63367

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTY RUNK BRYAN S 02/22/2011

Electronic Signature of Signing Officer or Director — Date