

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831895

1. Entity Name

MARITZ MARKETING RESEARCH INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90319 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1297 N HWY DRIVE  
FENTON MO 63099  
US

1375 NORTH HIGHWAY DRIVE  
ATTN: TAX DEPARTMENT  
FENTON MO 63099-0001  
US

2. Principal Place of Business

Maritz Marketing Research Inc.  
Suite, Apt. #, etc.

1375 North Highway Drive

City & State

Fenton MO

Zip

63099

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-0890097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back.) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	KIENKER, JAMES W.	
STREET ADDRESS	2 GEYERWOOD LANE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, WILLIAM T	
STREET ADDRESS	6928 WILLIAMSBURG	
CITY-ST-ZIP	SYLVANIA OH 43560	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RISBERG, JOHN F	
STREET ADDRESS	520 SCOTT AVE	
CITY-ST-ZIP	ST LOUIS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOLAR, HENRY S	
STREET ADDRESS	59 KINGSBURY PLACE	
CITY-ST-ZIP	ST LOUIS MO 63112	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNEIDI, CATHERINE E	
STREET ADDRESS	18 EAST SNOW	
CITY-ST-ZIP	ST LOUIS MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	St. Louis, MO 63131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2008 Andraes Lane	
CITY-ST-ZIP	Chesterfield, MO 63005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	St. Louis, MO 63122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18 East Swon	
CITY-ST-ZIP	St. Louis MO 63119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James W. Kienker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Kienker

4-25-00

Date

(636) 827-2320

Daytime Phone #

CR2E034 (9/99)

831845  
843739

**Maritz Marketing Research Inc.**  
**1375 North Highway Drive**  
**Fenton, Missouri 63099-0100**  
**FIN #43-0890097**

Board of Directors:

Michael D. Phillips  
1804 Parsonage Drive  
St. Louis, MO 63005

David G. Watkins  
7245 Creveling Dr.  
St. Louis, MO 63130

Michael T. Brereton  
27198 Cambridge Lane  
Farmington Hills, MI 48331

Marsha J. Young  
1167 Chavaniak  
Manchester, MO 63011