

DOCUMENT # F00000001645

1. Entity Name
CLARK/BARDES, INC.

Principal Place of Business Mailing Address
102 SOUTH WYNSTONE PARK DRIVE, SUITE 200 102 SOUTH WYNSTONE PARK DRIVE, SUITE 200
NORTH BARRINGTON IL 60010 NORTH BARRINGTON IL 60010

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 *Paul J. Bennett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/03/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	TODD, MELVIN G	2121 SAN JACINTO STREET, SUITE 2200	DALLAS TX 75201	<input checked="" type="checkbox"/>
V	RUTLEDGE, JAMES	2121 SAN JACINTO STREET, SUITE 2200	DALLAS TX 75201	<input type="checkbox"/>
S	STAUDT, KEITH	2121 SAN JACINTO STREET, SUITE 2200	DALLAS TX 75201	<input checked="" type="checkbox"/>
D	TODD, MELVIN G	2121 SAN JACINTO STREET, SUITE 2200	DALLAS TX 75201	<input checked="" type="checkbox"/>
D	DALTON, GEORGE D	255 FISERV DRIVE	BROOKFIELD WI 53008	<input type="checkbox"/>
DCFO	PYRA, THOMAS	102 SOUTH WYNSTONE PARK DRIVE, SUITE 200	NORTH BARRINGTON IL 60010	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SECRETARY PAUL J. BENNETT			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Paul J. Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL J. BENNETT 1/3/01 217-661-3571

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90023 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2103928 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)