2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90227 048 ***150.00

080749 AT

DOCUMENT # F01000000036

1. Entity Name
IMAGEAMERICA, INC.

000U0451

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~18445 EDISON AVE.~~ 200 S. Hanley Rd. Suite 1050 ~~CHESTERFIELD MO 63005~~ Clayton, MO 63105	~~18445 EDISON AVE.~~ 200 S. Hanley Rd. Suite 1650 ~~CHESTERFIELD MO 63005~~ Clayton, MO 63105

2. Principal Place of Business	3. Mailing Address
200 S. Hanley Rd, Suite 1050	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Clayton MO	
Zip 63105 Country USA	Zip Country USA

4. FEI Number 43-1810355 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALAHASSEE FL 32301	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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD MEISINGER, MARK 18445 EDISON AVE. CHESTERFIELD MO 63005	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kevin Reece 200 S. Hanley Rd, Suite 1050 Clayton, MO 63105	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MAHER, TOM 18445 EDISON AVE. CHESTERFIELD MO 63005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO, VP, Treasurer Tom Maher 200 S. Hanley Rd., Suite 1050 Clayton, MO 63105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'HALLARON, MIKE 18445 EDISON AVE. CHESTERFIELD MO 63005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mike O'Hallaron 200 S. Hanley Rd., Suite 1050 Clayton, MO 63105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KISLER, AL 18445 EDISON AVE. CHESTERFIELD MO 63005	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED Thomas F. Maher COO 2/25/02 (314)726-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #