


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90152 022 ***150.00

DOCUMENT # F01000000036	
1. Entity Name IMAGEAMERICA, INC.	

Principal Place of Business 200 S HARBY RD SUITE 1050 SAINT LOUIS MO 63105	Mailing Address 200 S HARBY RD SUITE 1050 SAINT LOUIS MO 63105
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2. Principal Place of Business 200 S. Hanley Rd Suite 1050 Suite, Apt. #, etc.	3. Mailing Address 200 S. Hanley Rd, Suite 1050 Suite, Apt. #, etc.
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City & State St. Louis Mo 63105	City & State St. Louis MO
Zip 63105	Zip 63105
Country	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 43-1810355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALAHASSEE FL 32301	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REECE, KEVIN		NAME	
STREET ADDRESS 200 S HANBY RD SUITE 1050		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63105		CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHER, TOM		NAME	
STREET ADDRESS 200 S HANBY RD SUITE 1050		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63105		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'HALLARON, MIKE		NAME	
STREET ADDRESS 200 S HANBY RD SUITE 1050		STREET ADDRESS	
CITY-ST-ZIP SAINT LOUIS MO 63105		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. MAHER **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 1/17/03 **Daytime Phone #** 314-726-4600

CR2E034 (10/02)