

F03000004449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

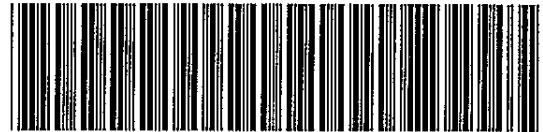
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DIVISION OF CORPORATIONS
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7p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISTRIBUTION MANAGEMENT, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANN NEWBOLD

(Name of Person)

W03-23725

DISTRIBUTION MANAGEMENT, INC.

(Firm/Company)

5 RESEARCH PARK DRIVE

(Address)

ST. CHARLES, MO 63304

(City/State and Zip code)

For further information concerning this matter, please call:

ANN NEWBOLD

(Name of Person)

at

636-300-4000

(Area Code & Daytime Telephone Number)

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 15, 2003

COPY

ANN NEWBOLD
DISTRIBUTION MANAGEMENT, INC.
5 RESEARCH PARK DRIVE
ST. CHARLES, MO 63304

SUBJECT: DISTRIBUTION MANAGEMENT, INC.
Ref. Number: W03000023325

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We have received your document for DISTRIBUTION MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 103A00046601

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DISTRIBUTION MANAGEMENT, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MISSOURI
(State or country under the law of which it is incorporated)
3. 43-0969193
(FEI number, if applicable)
4. 02-18-1983
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 08-01-03
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5 RESEARCH PARK DRIVE, ST. CHARLES, MO 63304
(Principal office address)

5 RESEARCH PARK DRIVE, ST CHARLES, MO 63304
(Current mailing address)
8. WHOLESALE DISTRIBUTOR OF OFFICE PRODUCTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: --SEE EXHIBIT 1 --

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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B. OFFICERS

President: -- SEE EXHIBIT 1 --

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Ann E. Newbold
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

ANN E. NEWBOLD - Secretary

(Typed or printed name and capacity of person signing application)

Aug-06-2003 01:17pm From-DISTRIBUTION MANAGEMENT INC.

T-026 P 005/005 F-105

DISTRIBUTION MANAGEMENT, INC.
EXHIBIT 1

LIST OF OFFICERS/DIRECTORS/SHAREHOLDERS

NAME THOMAS M. FLEMING
ADDRESS 17067 ROOSTER RIDGE
CHESTERFIELD, MO 63005
ID # 497-44-4944
POSITION 72.75 % SHAREHOLDER, PRESIDENT, DIRECTOR

NAME JOHN EASTERLING
ADDRESS 477 HAWTHORNE AVE.
ST LOUIS, MO 63119
ID # 498-50-1541
POSITION 24.25 % SHAREHOLDER, TREASURER, DIRECTOR

NAME DAVID GRESHAM
ADDRESS 575 WESTON RIDGE CT
WILDWOOD, MO 63021
ID # 361-56-7817
POSITION 3 % SHAREHOLDER, DIRECTOR

NAME ANN NEWBOLD
ADDRESS 12 TUPELO PARC COURT
O'FALLON, MO 63366
ID #
POSITION SECRETARY

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STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING


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DIVISION OF CORPORATION

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DISTRIBUTION MANAGEMENT, INC.
00146548

was created under the laws of this State on the 18th day of February, 1971, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and an imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of August, 2003


Secretary of State

