

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003117

1. Entity Name
INTELLIMARK, INC.



Principal Place of Business

**12140 WOODCREST EXECUTIVE DR., SUITE 300
ST LOUIS, MO 63141**

Mailing Address

**12140 WOODCREST EXECUTIVE DR., SUITE 300
ST LOUIS, MO 63141**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0442991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BOVA, STEPHEN R
STREET ADDRESS	2300 COTTONDALE LN, STE 250
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	V
NAME	LOWE, GREG
STREET ADDRESS	5020 RICHARD LAND, SUITE 101
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	S
NAME	HUDSON, JAMES
STREET ADDRESS	2300 COTTONDALE LANE, SUITE 250
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	T
NAME	MCDANIEL, RONALD
STREET ADDRESS	2300 COTTONDALE LANE, SUITE 250
CITY-ST-ZIP	LITTLE ROCK, AR 72202
TITLE	D
NAME	EISENSEN, MICHAEL
STREET ADDRESS	600 ATLANTIC AVE., 26TH FLO
CITY-ST-ZIP	BOSTON, MA 022102203
TITLE	D
NAME	DERITO, LAWRENCE
STREET ADDRESS	208 BIRKDALE LN
CITY-ST-ZIP	JUPITER, FL 33458

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01/24/05-80169-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1/4/2005

Daytime Phone #