FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001756 (6)

HERMANN MARKETING, INC.

FILED May 12 1998 8:00am Secretary of State



District Disposed Puningers							
Principal Place of Business		Mailing Address					
1400 N. PRICE ROAD ST. LOUIS MO 63132		1400 N. PRICE ROAD St. Louis Mo 63132				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 04/05/1993	
2. Principal F	Place of Business	2a. Mailing Address			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number Applied For	
21		26			_	43-1540873 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			····	5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	ー Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29 3	0			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM				81 1	Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Address			ess (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324	 					
	9			83		•	
	1		Ī	84 (City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statutes	the ab	ove-n	amed corp	poration submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed nank of registered agent and title if approable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETÉ	1.1 TITE	LE .		Change Addition	
NAME	HERMANN, ROBERT R JR		1.2 NAME				
STREET ADDRESS			1.3 STR	REET ADO	ORESS		
CITY-ST-ZIP	\$T. LOUIS MO 63124		1.4 C!TY-		ZIP		
TITLE			2.1 IIIL	LE		☐ Change ☐ Addition	
NAME	Hermann, Robert R Sr	ROBERT R SR		2.2 NAME			
STREET ADDRESS	777 CELLA		2.3 STREET		DRESS		
CITY-ST-ZIP	ST. LOUIS MO 63124		2. 4 CITY-ST-		ZIP		
TITLE	P	DELETE	3.1 7(1)	LE		Change Addition	
NAME	SHRKEY, JAMES J JR		3.2 NAME				
STREET ADDRESS	66 HARBOR BEND CT		3.3 STREET		DRESS		
CITY-ST-ZIP	LAKE ST. LOUIS MO 63367		3.4. CITY- S		ZIP		
TITLE	VPF	DELETE	4.1 TITL			☐ Change ☐ Addition	
NAME	Keyser, Stephen H		4. 2 NAME				
STREET ADDRESS	1400 N. PRICE ROAD		4.3 STREET		DRESS	ļ	
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY - ST				
TITLE	S	DELETE	5.1 TITL	LE	S	Change XX Addition	
NAME	BINNS, LINDA		5.2 NAME		RI	CHARD L. MILLETT, JR	
STREET ADDRESS	713 DEVONSHIRE		5.3 STREET			00 N. PRICE RD.	
CITY-ST-ZIP	BELLEVILLE IL 62223		5.4 CIT	Y-ST-Z		. LOUIS, MO 63132	
TITLE		DELETE	6.1 TITE			Change Addition	
NAME	,		6.2 NAME		ľ		
STREET ADDRESS	4		6.3 STR	EET AD	DRESS		
CITY-ST-ZIP				Y-ST-2			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.