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FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005308 (1)

1. Corporation Name

ALD COMMUNICATIONS, INC.

Principal Place of Business

1660 S. AMPHLETT BLVD., #330
SAN MATEO CA 94402

Mailing Address

425 S WOODS MILL RD
SUITE 300
TOWN & COUNTRY MO 63017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

94-3129848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME YOUNG, DONALD C
STREET ADDRESS 7 WILLOWMERE DR
CITY-ST-ZIP SOUTH BARRINGTON IL 60010

TITLE ☐ DELETE
NAME ALLEN, JAMES C
STREET ADDRESS 16636 CAULKS RIDGE
CITY-ST-ZIP CHESTERFIELD MO 63005

TITLE ☐ DELETE
NAME SHAPLEIGH, JOHN C
STREET ADDRESS 440 S PRICE RD
CITY-ST-ZIP ST LOUIS MO 63124

TITLE ☐ DELETE
NAME SOLOMON, DAVID
STREET ADDRESS 241 FOX CHAPEL LN
CITY-ST-ZIP CHESTERFIELD MO 63005

TITLE ☐ DELETE
NAME PERKINS, DENNIS
STREET ADDRESS 1125 WOODCHASE LN
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE ☐ DELETE
NAME GIBSON, MICHAEL E
STREET ADDRESS 645 AMBERWOOD LN.
CITY-ST-ZIP MANCHESTER MO 63021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director and Chairman ☐ Change ☒ Addition
1.2 NAME Robert A. Brooks
1.3 STREET ADDRESS 425 Woods Mill Road South, Suite 300
1.4 CITY-ST-ZIP Town and Country, MO 63017

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME John P. Denneen
2.3 STREET ADDRESS 211 N. Broadway, Suite 3600
2.4 CITY-ST-ZIP St. Louis, MO 63102

3.1 TITLE Assistant Secretary ☐ Change ☒ Addition
3.2 NAME Marguerite A. Forrest
3.3 STREET ADDRESS 425 Woods Mill Road South, Suite 300
3.4 CITY-ST-ZIP Town and Country, MO 63017

4.1 TITLE Assistant Secretary ☐ Change ☒ Addition
4.2 NAME Connie B. Walsh
4.3 STREET ADDRESS 211 N. Broadway, Suite 3600
4.4 CITY-ST-ZIP St. Louis, MO 63102

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)