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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90010 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001431

1. Corporation Name

PALM COAST DATA INC.

Principal Place of Business

11 COMMERCE STREET  
PALM COAST FL 32164  
US

Mailing Address

1 CORPORATE WOODS DR  
BRIDGETON MO 63044-3838  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

43-1706955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME MCSWEENEY, MICHAEL T  
STREET ADDRESS ONE CORPORATE WOODS DR.  
CITY-ST-ZIP BRIDGETON MO

☒ DELETE

1.1 TITLE C  
1.2 NAME David E. King  
1.3 STREET ADDRESS McCown De Leeuw  
1.4 CITY-ST-ZIP 65 E. 55th St., New York, NY 10022

☒ Change ☐ Addition

TITLE CEO  
NAME HENDERSON, GM  
STREET ADDRESS 8030 WALINCA WAY  
CITY-ST-ZIP CLAYTON MO

☒ DELETE

2.1 TITLE VC,D  
2.2 NAME John F. Meneough  
2.3 STREET ADDRESS One Corporate Woods Drive  
2.4 CITY-ST-ZIP Bridgeton, MO 63044

☒ Change ☐ Addition

TITLE VC  
NAME BRENNOCK, M. J.  
STREET ADDRESS 14 MAGNOLIA LANE  
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

3.1 TITLE P  
3.2 NAME Steve Strickman  
3.3 STREET ADDRESS 11 Commerce Blvd.  
3.4 CITY-ST-ZIP Palm Coast, FL 32164

☒ Change ☐ Addition

TITLE VC  
NAME SCHERER, R. L.  
STREET ADDRESS 125 SHADY LANE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

4.1 TITLE VP,T  
4.2 NAME Michael J. Speichinger  
4.3 STREET ADDRESS One Corporate Woods Drive  
4.4 CITY-ST-ZIP Bridgeton, MO 63044

☒ Change ☐ Addition

TITLE VPT  
NAME MIDDEKE, P. W.  
STREET ADDRESS 55 FOREST VALLEY COURT  
CITY-ST-ZIP ST. CHARLES MO

☒ DELETE

5.1 TITLE S, D  
5.2 NAME Martin R. Lewis  
5.3 STREET ADDRESS DIMAC Corporation  
5.4 CITY-ST-ZIP 420 Lexington AV, 22nd Floor  
New York, NY 10170

☒ Change ☐ Addition

TITLE VS  
NAME PIJUT, D.T.  
STREET ADDRESS 2704 TOWNE CREST DR.  
CITY-ST-ZIP ST. LOUIS MO 63129

☒ DELETE

6.1 TITLE AS  
6.2 NAME Carol J. Myers  
6.3 STREET ADDRESS One Corporate Woods Drive  
6.4 CITY-ST-ZIP Bridgeton, MO 63044

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Carol J. Myers, Assistant Secretary

4/14/99

314.344.1347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)