

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004691 (0)

1. Corporation Name

THE SOURCE CONCEPTS COMPANY

Principal Place of Business

11544 LILBURN PARK RD.
ST. LOUIS MO 63146

Mailing Address

11544 LILBURN PARK RD.
ST. LOUIS MO 63146



3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11644 Lilburn Pk Rd

26 11644 Lilburn Park Rd

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

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

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
NAME
DCEO
FLEGEL, S L
STREET ADDRESS
35 SOMERSET DOWNS
CITY-ST-ZIP
ST. LOUIS MO 63124

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
PDCO
LEE, WILLIAM H
STREET ADDRESS
3613 BUFFINGTON PLACE
CITY-ST-ZIP
GREENSBORO NC 27410

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
SCFO
MCCORD, LANCE C
STREET ADDRESS
14866 GREENLEAF VALLEY DR.
CITY-ST-ZIP
CHESTERFIELD MO 63017

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
V
DEGOLIA, DWIGHT
STREET ADDRESS
14866 GREENLEAF VALLEY DR.
CITY-ST-ZIP
CHESTERFIELD MO 63017

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
PV
DIXON, ROBERT B
STREET ADDRESS
907 PARK DR
CITY-ST-ZIP
FLOSSMOOR IL 60422

☐ DELETE

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

TITLE
NAME
V
FLEGEL, JASON S
STREET ADDRESS
546 WARDER AVE.
CITY-ST-ZIP
ST. LOUIS MO 63130

☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Daytime Phone #

314 995 9050

CR2E034 (12/95)