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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

11644 LILBURN PARK ROAD
ST. LOUIS MO 63146
US

Mailing Address

11644 LILBURN PARK ROAD
ST. LOUIS MO 63146-3535
US

3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

43-1710906

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Sure, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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 of current registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME: PDCO
LEE, WILLIAM H
STREET ADDRESS: 3813 BUFFINGTON PLACE
CITY - ST - ZIP: GREENSBORO NC 27410

TITLE ☒ DELETE

NAME: SCFO
MCCORD, LANCE C
STREET ADDRESS: 14888 GREENLEAF VALLEY DR.
CITY - ST - ZIP: CHESTERFIELD MO 63017

TITLE ☐ DELETE

NAME: V
DEGOLIA, DWIGHT
STREET ADDRESS: 14888 GREENLEAF VALLEY DR.
CITY - ST - ZIP: CHESTERFIELD MO 63017

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME: V
FLEGEL, JASON S
STREET ADDRESS: 548 WARDER AVE.
CITY - ST - ZIP: ST. LOUIS MO 63130

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS: SCFO
Rodgers, W. Brian

34 CITY - ST - ZIP: 24 Hillsborough Avenue
Glen Carbon, IL 62034

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS: 14884 Greenleaf Valley Dr.

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS: 209 Mistletoe Dr.

64 CITY - ST - ZIP: Greensboro, NC 27403

14. I do 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.

SIGNATURE: *W. Brian Rodgers* W. Brian Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

(314) 995-9040

Date

Daytime Phone #

CR2E034 (9/96)