SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 01 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 # F97000000219

1. Corporation Name
Marketing Specialists Sales Co.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/1/97

2. Principal Place of Business
21 17855 N. Dallas Pkwy
22 Suite, Apt. #, etc:
23 City & State: Dallas, Tx.
24 Zip: 75287 25 Country: USA

2a. Mailing Address
26 17855 N. Dallas Pkwy
27 Suite, Apt. #, etc.
28 City & State: Dallas, Tx.
29 Zip: 75287 30 Country: USA

4. FEI Number: 75-0733956 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 East Park Avenue
Tallahassee, Florida 32314

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: Chairman of the Board / CEO 1.2 NAME: Ronald D. Pedersen 1.3 STREET ADDRESS: 17855 N. Dallas Parkway 1.4 CITY-ST-ZIP: Dallas, Tx. 75287	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: President 2.2 NAME: Bruce A. Butler 2.3 STREET ADDRESS: 17855 N. Dallas Parkway 2.4 CITY-ST-ZIP: Dallas, Tx. 75287	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: Executive V.P. / CFO 3.2 NAME: Timothy M. Byrd 3.3 STREET ADDRESS: 17855 N. Dallas Parkway 3.4 CITY-ST-ZIP: Dallas, Tx. 75287	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: Vice President / Treasurer 4.2 NAME: William P. Murray 4.3 STREET ADDRESS: 17855 N. Dallas Parkway 4.4 CITY-ST-ZIP: Dallas, Tx. 75287	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: Vice President / Finance 5.2 NAME: Jay DiNucci 5.3 STREET ADDRESS: 17855 N. Dallas Parkway 5.4 CITY-ST-ZIP: Dallas, Tx. 75287	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

600002653986
-10/02/98--01020--001
***550.00

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.

SIGNATURE: R D Pedersen 9/23/98 (972) 349-6263

CR2E034 (5/98)