

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 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 # F97000000814 (0)

1. Corporation Name

TRI-TEK INFORMATION SYSTEMS, INC.



Principal Place of Business

425 WOODS MILL RD., S.  
ST. LOUIS MO 63017

Mailing Address

425 WOODS MILL RD., S.  
ST. LOUIS MO 63017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

43-1749236

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

2. Principal Place of Business

21 14323 S. OUTER 40

Suite, Apt. #, etc.

22 SUITE 201 SOUTH

City & State

23 ST. LOUIS, MO

Zip

24 Country

25 U.S.

2a. Mailing Address

26 14323 S. OUTER 40

Suite, Apt. #, etc.

27 SUITE 201 SOUTH

City & State

28 ST. LOUIS, MO

Zip

29 63017

Country

30 U.S.

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
FUCHS, DAVID D  
425 WOODS MILL RD., S.  
ST. LOUIS MO 63017

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS  
SMITH, ALLEN C III  
425 WOODS MILL RD., S.  
ST. LOUIS MO 63017

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
KOULOGEORGE, MARK  
233 S. WACKER, #9500  
CHICAGO IL 60606

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
MAXWELL, BRET  
233 S. WACKER, #9500  
CHICAGO IL 60606

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14323 S. OUTER 40 ROAD

☒ Change ☐ Addition

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

14323 S. OUTER 40 ROAD

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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.

SIGNATURE

*(Signature)*

5/17/98

214.715-7900

CR2E034 (10/97)