

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000942

1. Entity Name

INTELLIMARK, INC.

Principal Place of Business

234 E MILLSAP ROAD
FAYETTEVILLE AR 72703

Mailing Address

234 E MILLSAP ROAD
FAYETTEVILLE AR 72703

2. Principal Place of Business

701 Emerson Rd

Suite, Apt. #, etc.

300

City & State

St. Louis, MO

Zip

63141

Country

3. Mailing Address

701 Emerson Rd

Suite, Apt. #, etc.

300

City & State

St. Louis, MO

Zip

63141

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BREWER, CLETE T	
STREET ADDRESS	234 E MILLSAP RD	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	BELLORA, TERRY C	
STREET ADDRESS	234 E MILLSAP RD	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE	VCS	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, GORDON Y	
STREET ADDRESS	234 E MILLSAP RD	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOVA, STEPHEN R	
STREET ADDRESS	2300 COTTONDALE DR STE 250	
CITY-ST-ZIP	LITTLE ROCK, AR 72202	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALBFLEISH, RICHARD T	
STREET ADDRESS	701 EMERSON RD STE 300	
CITY-ST-ZIP	ST LOUIS, MO 63141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90111 019 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)