

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

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1. Corporation Name

INROADS/MIAMI, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE
SUITE 403
MIAMI FL 33131

Mailing Address

10 SOUTH BROADWAY, SUITE 700
ATTN: PATSY A.W. PHILLIPS
ST. LOUIS MO 63102



2. Principal Place of Business

21 501 Brickell Key Drive

22 Suite, Apt. #, etc.
403

23 City & State
Miami, FL

24 Zip 33131 25 Country USA

2a. Mailing Address

26 Same

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/22/1993

4. FEI Number

43-1631105

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PCEO
NAME STORY, CHARLES I
STREET ADDRESS 315 DEADERICK, STE. 1240
CITY-ST-ZIP NASHVILLE TN 37238

TITLE SD
NAME HUNTLEY, RONALD P
STREET ADDRESS 8309 WIGMORE COURT
CITY-ST-ZIP RICHMOND VA 23227

TITLE T
NAME BIJOU, PAUL
STREET ADDRESS 1 SYLVAN WAY
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE MD
NAME LESENE, TONY C
STREET ADDRESS 501 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Secretary/Director
2.2 NAME Peter L. Rossiter
2.3 STREET ADDRESS 50 South LaSalle St. - MB09
2.4 CITY-ST-ZIP Chicago, IL 60675

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

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

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

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

(615) 255-7397

Date

Daytime Phone #

CR2E037 (11/98)