Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90072 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21610

1. Corporation Name

DISTRIBUTION INTERNATIONAL CORPORATION

: ringual riace	e of Business	Mailing Address			I SOULD BE HE HERE HERE HERE HERE	11 61611 61611 611	•
1801 PARK 270		60 STATE STREET					
STE 400	On.		11TH FLOOR				
ST. LOUIS MO 63146		BOSTON MA 02109			DO NOT WRITE IN THIS SPACE		
US		US	US		3. Date Incorporated or Qualifed		
					11/09/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26		- · · · ·	23-1709585	Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	,,	27			5. Certificate of Status Desired	Fee Red	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
·		28			Trust Fund Contribution	Added to	•
23 Zip	Country	Zip	Cou	ntrv	8. This corporation owes the current year Intar		
	· ·	— `	30	,			□No
24	25	29	[30]		10. Name and Address of New Registered A		-
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Haile and Address of New Yorks to	Born	
СТ	CORPORATION SYSTEM			OI Hame			
				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	S. PINE ISLAND RD.				<u> </u>		
PLAT	NTATION FL 33324		'	83			Ì
			:	84 City		85 Zip C	ode
				City	FL	00 = 0	
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statu	ites, the a	bove-named corr	poration submits this statement for the purpose of cl	hanging its r	egistered
office or n	enistered agent, or both, in the Sta	ate of Florida. Such change was :	authorized	l by the corporati	on's board of directors. I hereby accept the appoint	tment as reg	istered
agent. 1 a	m familiar with, and accept the obl	ligations of, Section 607,0505, Fi	onda Stati	ites.			
SIGNATURE			- 0	Agent signature require	ed when reinstating) DATE		l
40	Signature, typed or printed name of registered		13.	Again signatura require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
12.		OFFICERS AND DIRECTORS		ne		Change	Addition
TITLE	1		1.5 TD			J	
NAME	Rubin, Lewis		1.2 NA				
			1				
STREET ADDRESS	60 STATE ST.		1.3 ST	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP			
l f	60 STATE ST.	DELETE		TY-ST-ZIP		☐ Change	R\$ IN 12
CITY-ST-ZIP	60 STATE ST. BOSTON MA TD	DELETE	1.4 CI	TY-ST-ZIP	w	☐ Change	Addition
CITY-ST-ZIP TITLE NAME	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J.	☐ DELETE	1.4 CF 2.1 TF 2.2 NA	TY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. 60 STATE ST.	☐ DELETE	1.4 Cr 2.1 Tr 2.2 NA 2.3 St	TY-ST-ZIP TLE UME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. 60 STATE ST. BOSTON MA	☐ DELETE	1.4 Cr 2.1 Tr 2.2 NA 2.3 St	TY-ST-ZIP TLE UME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. 60 STATE ST. BOSTON MA SD		1.4 CF 2.1 TF 2.2 NA 2.3 SF 2.4 CF 3.1 TF	TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. 60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS		1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 TT 3.2 NA	TY-ST-ZIP TUE TUE TUE TUE TUE TUE TUE TUE TUE TU			
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.		1.4 CF 2.1 TF 2.2 NA 2.3 SF 2.4 CF 3.1 TF 3.2 NA 3.3 SF	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. 60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS	☐ DELETE	1.4 CT 2.1 TO 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CT 2.1 TO 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CI 2.1 TO 2.2 NA 2.2 NA 2.3 ST 2.4 CI 3.1 TO 3.2 NA 3.3 ST 3.4 CI 4.1 TO 4.2 NA 2.2 NA 2.	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 C 3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE TTY-ST-ZIP TLE AME		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 C 3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 Cf 2.1 TiV 2.2 NA 2.3 ST 2.4 Cf 3.1 TiT 3.2 NA 3.3 ST 3.4 Cf 4.1 TiT 4.2 NA 4.3 ST 4.4 Cf	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AAME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP REET ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CT 2.1 TW 2.2 N. 2.3 ST 2.4 CC 3.1 TM 3.2 N. 3.3 ST 3.4 CC 4.1 TM 4.2 N. 4.3 ST 4.4 CT 5.1 TM 5.2 N. 4.5 ST N. 5.2 N. 4.5 ST N. 5.2 N. 4.5 ST N. 5.2 N. 5.1 TM 5.2 N. 5.2 N. 5.1 TM 5.2 N. 5.2 N. 5.1 TM 5.2 N. 5.2 N. 5.2 N. 5.1 TM 5.2 N. 5.2 N. 5.1 TM 5.2 N.	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AAME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP REET ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NA 3.3 ST 3.4 CC 4.1 TM 4.2 NA 4.3 ST 4.4 CC 5.1 TM 5.2 NA 5.3 ST 5.	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AMME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	60 STATE ST. BOSTON MA TD SOJA, MICHAEL J. F60 STATE ST. BOSTON MA SD GIACCHELO, THOMAS 60 STATE ST.	☐ DELETE	1.4 CI 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NA 3.3 ST 3.4 CC 4.1 TM 4.2 NA 4.3 ST 4.4 CC 5.1 TM 5.2 NA 5.3 ST 5.	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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, with all other like empowered.