

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90457 037 ***550.00

DOCUMENT # P21610 1. Entity Name DISTRIBUTION INTERNATIONAL CORPORATION					
Principal Place of Business 1801 PARK 270 DR. STE 400 ST. LOUIS, MO 63146 US			Mailing Address 1801 PARK 270 DR. STE 400 ST. LOUIS, MO 63146 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05032004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 23-1709585	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LEWIS 1801 PARK 270 DRIVE, SUITE 400 SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, JEFFREY R 1801 PARK 270 DRIVE, SUITE 400 SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JOHNSON, STEPHANIE L 1801 PARK 270 DRIVE SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SCHAEFER, THOMAS G 1801 PARK 270 DRIVE, SUITE 400 SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC Michael J. Dreller 1801 Park 270 Drive Saint Louis, MO 63146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, LEWIS 1801 PARK 270 DRIVE SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIRBY, R. RYAN 1801 PARK 270 DR STE 400 SAINT LOUIS, MO 63146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS James R. Arnold 1801 Park 270 Drive Saint Louis, MO 63146	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael J. Dreller</u> 5-3-04 314-579-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					