

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91864 017 \*\*\*150.00

0652228 AT

**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

Zip

Country

Zip

Country

**4. FEI Number** 23-1709585

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** RUBIN, LEWIS  
**STREET ADDRESS** 1801 PARK 270 DRIVE, SUITE 400  
**CITY-ST-ZIP** SAINT LOUIS MO 63146

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** BLUM, JEFFREY R  
**STREET ADDRESS** 1801 PARK 270 DRIVE, SUITE 400  
**CITY-ST-ZIP** SAINT LOUIS MO 63146

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPT ☐ Delete  
**NAME** JOHNSON, STEPHANIE L  
**STREET ADDRESS** 1801 PARK 270 DRIVE  
**CITY-ST-ZIP** SAINT LOUIS MO 63146

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPC ☐ Delete  
**NAME** SCHAEFER, THOMAS G  
**STREET ADDRESS** 1801 PARK 270 DRIVE, SUITE 400  
**CITY-ST-ZIP** SAINT LOUIS MO 63146

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** P ☐ Delete  
**NAME** RUBIN, LEWIS  
**STREET ADDRESS** 1801 PARK 270 DRIVE  
**CITY-ST-ZIP** SAINT LOUIS MO 63146

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ASSISTANT SECRETARY ☐ Change ☒ Addition  
**NAME** R. RYAN KIRBY  
**STREET ADDRESS** 1801 PARK 270 DR., SUITE 400  
**CITY-ST-ZIP** ST. 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:** *Thomas G. Schaefer*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/30/03*  
**Date**

*314-579-9300*  
**Daytime Phone #**

CR2E034 (10/02)