

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90077 015 \*\*\*150.00

**DOCUMENT # P21845**

1. Entity Name

**TWINSTANT, INC.**

Event Imaging Solutions, Inc.

Principal Place of Business

**4144 INDUSTRIAL DRIVE  
ST PETERS MO 63376  
US**

Mailing Address

**4144 INDUSTRIAL DRIVE  
ST PETERS MO 63376  
US**

2. Principal Place of Business

**319 S Cool Springs Rd.  
Suite, Apt. #, etc.**

3. Mailing Address

**319 S Cool Springs Road  
Suite, Apt. #, etc.**

City & State

**O'Fallon, MO**

City & State

**O'Fallon, MO**

4. FEI Number

**43-1237845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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, 2002 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** ☐ Delete  
NAME **RASMUSSEN, PAUL**  
STREET ADDRESS **17853 SUZANNE RIDGE DRIVE**  
CITY-ST-ZIP **WILDWOOD MO 63038**

TITLE **D** ☒ Delete  
NAME **CZANDEMA, KAREL**  
STREET ADDRESS **343 STATE STREET**  
CITY-ST-ZIP **ROCHESTER NY 14650**

TITLE **VPAS** ☐ Delete  
NAME **MADDEN, MICHAEL**  
STREET ADDRESS **13105 FOUPOSTER COURT**  
CITY-ST-ZIP **ST. LOUIS MO 63146**

TITLE **D** ☒ Delete  
NAME **LOFSTROM, DON**  
STREET ADDRESS **343 STATE STREET**  
CITY-ST-ZIP **ROCHESTER NY 14650**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **William G. Love**  
STREET ADDRESS **343 State Street**  
CITY-ST-ZIP **Rochester, N.Y. 14650**

TITLE **Vice President + Secretary** ☐ Change ☒ Addition  
NAME **Joyce P. Haag**  
STREET ADDRESS **349 State Street**  
CITY-ST-ZIP **Rochester, NY 14650**

TITLE **Executive VP + CMO** ☐ Change ☒ Addition  
NAME **Gerald Helton**  
STREET ADDRESS **7 Georgetown Rd.**  
CITY-ST-ZIP **Chesterfield, MO 63017**

TITLE **Asst. Secretary** ☐ Change ☒ Addition  
NAME **Laurence Hickey**  
STREET ADDRESS **343 State Street**  
CITY-ST-ZIP **Rochester, NY 14650**

TITLE **Asst. Secretary** ☐ Change ☒ Addition  
NAME **Nor A. Sewell**  
STREET ADDRESS **55 Oak Valley Drive**  
CITY-ST-ZIP **St. Peters, MD 63376**

TITLE **Director** ☐ Change ☒ Addition  
NAME **John Casper**  
STREET ADDRESS **343 State Street**  
CITY-ST-ZIP **Rochester, NY 14650**

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:

**Michael Madden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/22/02**

Date

Daytime Phone #

CR2E034 (9/01)

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NAME RASMUSSEN, PAUL  
STREET ADDRESS 17853 SUZANNE RIDGE DRIVE  
CITY-ST-ZIP WILDWOOD MO 63038

TITLE Director ☐ Change ☒ Addition  
NAME Gary Einhaus  
STREET ADDRESS 343 State Street  
CITY-ST-ZIP Rochester, NY 14650

TITLE D ☒ Delete  
NAME CZANDEMA, KAREL  
STREET ADDRESS 343 STATE STREET  
CITY-ST-ZIP ROCHESTER NY 14650

TITLE Director ☐ Change ☒ Addition  
NAME Karen Smith-Pilkington  
STREET ADDRESS 343 State Street  
CITY-ST-ZIP Rochester, NY 14650

TITLE VPAS ☐ Delete  
NAME MADDEN, MICHAEL  
STREET ADDRESS 13105 FOUPOSTER COURT  
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SIGNATURE:

*Michael Madden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02

Date

Daytime Phone #

420647



DO NOT WRITE IN THIS SPACE