

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011476 (8)

1. Corporation Name

TCE DIRECT MARKETING COMPANY, INC.

Principal Place of Business

Mailing Address

XXXXXXXXXX 10330 N. Meridian XXXXXXXXXX PO Box 1976
XXXXXXXXXX Indianapolis, IN 46290 XXXXXXXXXX Mail Stop INH 260
XXXXXXXXXX Indianapolis, IN
XXXXXXXXXX 46206-1976

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

35-1873824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NICK, JOHN JOSEPH
STREET ADDRESS XXXXXXXXXXXX 10330 N. Meridian
CITY - ST - ZIP INDIANAPOLIS IN 46290

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE T
NAME THEOBALDS, VICTOR
STREET ADDRESS XXXXXXXXXXXX 10330 N. Meridian
CITY - ST - ZIP INDIANAPOLIS IN 46290

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE S
NAME KESSLER, SUSAN
STREET ADDRESS XXXXXXXXXXXX 10330 N. Meridian
CITY - ST - ZIP INDIANAPOLIS IN 46290

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DOA
NAME SCHEER, FRANK N.
STREET ADDRESS XXXXXXXXXXXX 10330 N. Meridian
CITY - ST - ZIP INDIANAPOLIS IN 46290

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank N. Scheer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank N. Scheer

4/21/95 317-587-3236

Daytime Phone #