## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P92000011476

## FILED Jul 10, 2001 8:00 am Secretary of State

1. Endly Nam	le			07-10-2001 90008 0	18 ***550.00	
I TCE DI	RECT MARKETING C	OMPANY, TNC.		}		
Principal Place of Business Mailing Address				7		
		P.O. BOX 19				
1		MAIL STOP INH 260 INDIANAPOLIS IN 46206		C0072683		
		US 1NDIANAPOLIS IN 40200				
2. Principal Place of Business		3. Mailing Address		<b>-</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SDACE	
Suite, Apt. W. etc.		Suite, Apr. #, etc.				
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	35-1873824	\$8.75 Additional	
 	C. Nome and Address of Correct F	Conjectored Aport	<del></del>	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current F	tegistered Agent	Name	7. Name and Address of New Registered	Agent	
A B GADDADAMIAN AVAMEN			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
C.T. CORPORATION SYSTEM 1200 S PINE ISLAND RD						
PLANTATION FL 33324						
	2701. 12 000-0		City	_ <u>_</u> F	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						
	ration is eligible to satisfy its Intangibl		The court of the special property of the court of the cou	10. Election Campaign Financing	\$5.00 May Be	
	equirement and elects to do so.		01 Fee will be \$550.0 le to Department of	Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND D		<b>112.</b>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11  Change Addition	
ΠTLE	P/D	Delete	. ππ.ε .		Change Addition	
NAME STREET ADDRESS	NICK, JOHN JOSEI 10330 N. MERIDIA		NAME STREET ADDRESS		·   [8]	
OTY - ST - ZIP	INDIANAPOLIS IN	AN DI	CITY - ST - ZIP			
TITLE	D	Delete Delete	TITLE		Change Addition	
STREET ADDRESS	THEOBALDS, VICTO 10330 N. MERIDIA	OK An st	NAME STREET ADDRESS			
CITY - ST - ZIP	INDIANAPOLIS IN		CITY - ST - ZIP	<u>.</u>		
TITLE	D	Delete	ππε		Change Addition	
STREET ADDRESS	KESSLER, SUSAN 10330 N. MERIDIA	AN STERNA	NAME STREET ADDRESS	and the second second	,	
CITY - ST - ZIP	INDIANAPOLIS IN		CITY - ST - ZIP			
TITLE	DOA	Delete	TITLE ,		Change Addition	
NAME STREET ADDRESS	SCHEER, FRANK N 10330 N. MERIDIA		NAME STREET ADDRESS			
CITY - ST - ZIP	INDIANAPOLIS_IN	HI 21	CITY - ST - ZIP	<del>.</del>		
TITLE	S	Delete	ππε	ì	Change Addition	
NAME STREET ADDRESS	HISER, WRAY C 10330 N. MERIDIA	AM CT	NAME STREET ADDRESS	İ		
CITY - ST - ZIP	INDIANAPOLIS IN	AN DI	CITY - ST - ZIP	ļ		
TITLE	Гт — — ;	Delete	TITLE		Change Addition	
NAME STREET ADDRESS	CULLEN, JAMES	лл ст	NAME STREET ADDRESS			
CITY - ST - ZIP	10330 N. MERIDIA INDIANAPOLIS IN	July 21 ,	CITY - ST - ZIP	the state of the s		
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.						
SIGNAT			ANK N. SCH		7-587-3236	
l	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECT	OR Date	Daytime Phone #	

Daytime Phone #