

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90189 014 ***150.00

DOCUMENT # P92000011476																																																																																																																																																											
1. Entity Name TCE DIRECT MARKETING COMPANY, INC.																																																																																																																																																											
Principal Place of Business 10330 N. MERIDIAN ST. INDIANAPOLIS, IN 46290 US			Mailing Address POST OFFICE BOX 1976 MAIL STOP INH 260 INDPLS., IN 46206-1976 US																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address PO Box 1976																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. MS INH 394																																																																																																																																																									
City & State		City & State Indianapolis, IN																																																																																																																																																									
Zip	Country	Zip 46206-1976	Country USA	4. FEI Number 35-1873824																																																																																																																																																							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">P/D PILERI, DOUGLAS C</td> <td style="width: 30%; padding: 5px;">☒ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 30%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">10330 N. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																																																											
<table style="width:100%;"> <tr> <td style="width: 40%; padding: 5px;"> SIGNATURE: </td> <td style="width: 20%; padding: 5px;"> Frank Scheer </td> <td style="width: 20%; padding: 5px;"> 4/24/06 </td> <td style="width: 20%; padding: 5px;"> 317 587-3236 </td> </tr> <tr> <td colspan="4" style="padding: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </td> </tr> </table>						SIGNATURE:	Frank Scheer	4/24/06	317 587-3236	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																	
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ATTACHMENT

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Thomson Inc.

10330 North Meridian

P.O. Box 1976

Indianapolis, IN 46290-1976

Tel. 1 (317) 587-3000

fax 1 (317) 587-6752

www.thomson.net

TCE Direct Marketing Company, Inc.

OFFICERS

Tony Watters
Charles Freeland
James T. Cullen

President
Secretary
Treasurer

10330 N. Meridian St., Indianapolis, IN
10330 N. Meridian St., Indianapolis, IN
10330 N. Meridian St., Indianapolis, IN

DIRECTORS

Tony Watters
Charles Freeland

10330 N. Meridian St., Indianapolis, IN
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