

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90227 048 ***150.00

0609749 AT

DOCUMENT # **F01000000036**

1. Entity Name
IMAGEAMERICA, INC.

Principal Place of Business Mailing Address
18445 EDISON AVE., 200 S. Hanley Rd. Suite 1050 Clayton, MO 63105
18445 EDISON AVE. 200 S. Hanley Rd. Suite 1050 Clayton, MO 63105

00060401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mailing Address
200 S. Hanley Rd, Suite 1050 **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clayton Mo **Clayton Mo**
 Zip Country Zip Country
63105 USA **63105 USA**

4. FEI Number **43-1810355** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORP DIRECT AGENTS
103 NORTH MERIDIAN STREET, LOWER LEVEL
TALAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD MEISINGER, MARK 18445 EDISON AVE. CHESTERFIELD MO 63005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MAHER, TOM 18445 EDISON AVE. CHESTERFIELD MO 63005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'HALLARON, MIKE 18445 EDISON AVE. CHESTERFIELD MO 63005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISLER, AL 18445 EDISON AVE. CHESTERFIELD MO 63005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin Reece 200 S. Hanley Rd, Suite 1050 Clayton, Mo 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO, VP Treasurer Tom Maher 200 S. Hanley Rd, Suite 1050 Clayton, Mo 63105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mike O'Hallaron 200 S. Hanley Rd, Suite 1050 Clayton, Mo 63105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas F. Maher **Thomas F. Maher COO** **2/25/02** **(314) 926-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/01)