

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90152 022 \*\*\*150.00



**DOCUMENT # F01000000036**

1. Entity Name  
**IMAGEAMERICA, INC.**

Principal Place of Business  
**200 S HARBY RD SUITE 1050  
SAINT LOUIS MO 63105**

Mailing Address  
**200 S HARBY RD SUITE 1050  
SAINT LOUIS MO 63105**



2. Principal Place of Business  
**200 S. Hanley Rd Suite 1050**

3. Mailing Address  
**200 S. Hanley Rd, Suite 1050**

City & State  
**St. Louis Mo**

City & State  
**St. Louis MO**

Zip  
**63105**

Country

4. FEI Number **43-1810355**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPDIRECT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REECE, KEVIN</b>	
STREET ADDRESS	<b>200 S HANBY RD SUITE 1050</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63105</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>MAHER, TOM</b>	
STREET ADDRESS	<b>200 S HANBY RD SUITE 1050</b>	
CITY-ST-ZIP	<b>SAINT LOUIS-MO-63105</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>O'HALLARON, MIKE</b>	
STREET ADDRESS	<b>200 S HANBY RD SUITE 1050</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63105</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas F. Maher** 1/17/03 314-726-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)