

1.) CORPORATION NAME:

DIRECTORY DISTRIBUTING ASSOCIATES, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0079758**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMAV | 8,000 |
| COMBNV | 152,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1602 PARK 370 CT

CITY/ST/ZIP: HAZELWOOD, MO 63042

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| NAME: | JACK W RUNK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 519 REDONDO DR | | |
| CITY/ST/ZIP/CO: | CHESTERFIELD, MO 63017 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| NAME: | MICHAEL L SHELTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/T | | |
| ADDRESS: | 17702 LITTLELEAF COURT | | |
| CITY/ST/ZIP/CO: | CHESTERFIELD, MO 63005 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | KRISTY RUNK BRYAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 1825 E STATE HWY AA | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, MO 65803 | | |

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | JUDITH RUNK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 8512 STATE ROUTE C | | |
| CITY/ST/ZIP/CO: | STE GENEVIEVE, MO 63670 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| NAME: | JAMES FOWLER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EVP | | |
| ADDRESS: | 2601 BRAEMAR PKWY | | |
| CITY/ST/ZIP/CO: | LAKE ST LOUIS, MO 63367 | | |

| | | | |
|-----------------|-------------------------|----------------------------------|--|
| NAME: | JOHN W RUNK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8512 STATE ROUTE C | | |
| CITY/ST/ZIP/CO: | STE GENEVIEVE, MO 63670 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|--|-------------------------|
| <u>/s/ KRISTY RUNK BRYAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>KRISTY RUNK BRYAN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE | <u>5/8/2012</u> DATE |
|--|--|-------------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.