

Jason Kander Secretary of State
 2013-2014 BIENNIAL REGISTRATION REPORT
 NONPROFIT

File Number: 201329780483
 N00797935
 Date Filed: 10/24/2013
 Jason Kander
 Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 08/31/2013

N00797935
 Adam Smith Foundation
 Registered Agent, Ltd.
 2345 Grand Blvd., Ste. 2400
 Kansas City, MO 64108

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 1 122 E. High Street, Suite 200
 STREET
Jefferson City, MO 65101
 CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

2 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u> A		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u> B	
<u>PRES</u>	<u>William Clark Hardin IV</u>	<u>NAME</u>	<u>William Clark Hardin IV</u>
STREET/RT	<u>3396 Cottonwood Drive</u>	STREET/RT	<u>3396 Cottonwood Drive</u>
CITY/STATE/ZIP	<u>St. Charles, MO 63301</u>	CITY/STATE/ZIP	<u>St. Charles, MO 63301</u>
V-PRES	.....	NAME	<u>Victor Gunn</u>
STREET/RT	.....	STREET/RT	<u>924 N. Cape Rock Drive</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Cape Girardeau, MO 63701</u>
<u>SEC'Y</u>	.....	NAME	<u>Joseph Pondrom</u>
STREET/RT	.....	STREET/RT	<u>955 Thatcher Drive</u>
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	<u>Sullivan, MO 63080</u>
TREAS	<u>Victor Gunn</u>	NAME	.....
STREET/RT	<u>924 N. Cape Rock Drive</u>	STREET/RT	.....
CITY/STATE/ZIP	<u>Cape Girardeau, MO 63701</u>	CITY/STATE/ZIP	.....
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Victor Gunn (Required)

Please print name and title of signer: Victor Gunn / Treasurer
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 8/31
 ___ \$25.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102