

N000701986
Date Filed: 8/16/2017
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2017

N000701986
 Great Saint Louis, Inc.
 MARC H. ELLINGER
 308 EAST HIGH STREET
 SUITE 301
 JEFFERSON CITY MO 65101

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *
 308 East High Street (Required)
 Suite 301
 STREET
 Jefferson City MO 65101
 CITY / STATE ZIP

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

<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u> A</p> <p><u>PRESIDENT</u> Brown, Travis STREET 1034 South Brentwood Boulevard CITY/STATE/ZIP Suite 1700 St. Louis MO 63117</p> <p><u>SECRETARY</u> Ambry, Kathy STREET 190 Carondelet Plaza #600 CITY/STATE/ZIP St. Louis MO 63105</p> <p><u>TREASURER</u> Ellinger, Marc STREET 308 East High Street Suite 301 CITY/STATE/ZIP Jefferson City MO 65101</p> <p>STREET _____ CITY/STATE/ZIP _____</p>	<p>BOARD OF DIRECTORS * NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u> B</p> <p><u>NAME</u> Brown, Travis STREET 1034 South Brentwood Boulevard CITY/STATE/ZIP Suite 1700 St. Louis MO 63117</p> <p><u>NAME</u> Ellinger, Marc STREET 308 East High Street Suite 301 CITY/STATE/ZIP Jefferson City MO 65101</p> <p><u>NAME</u> Ambry, Kathy STREET 190 Carondelet Plaza #600 CITY/STATE/ZIP St. Louis MO 63105</p> <p><u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____</p>
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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 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here Marc Ellinger (Required)

Please print name and title of signer: Marc Ellinger / Director
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$10.00 If filed on or before 8/31/2017
 ___\$15.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2018

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): _____