

John R. Ashcroft Secretary of State  
 2018 ANNUAL REGISTRATION REPORT  
 BUSINESS

**01184200**  
**Date Filed: 4/5/2019**  
**John R. Ashcroft**  
**Missouri Secretary of State**

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

REPORT DUE BY: 2/28/2019

**01184200**  
 St. Louis Food Hub TIF, Inc.  
 MICHAEL T. HAYO  
 1530 S. SECOND STREET SUITE 200  
 SAINT LOUIS MO 63104

RENEWAL MONTH:  
**NOVEMBER**  
 I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO FOR A \$25.00 FEE

**1** PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*  
 1530 South Second St (Required)  
 Suite 200 Suite 200  
 STREET  
 St Louis MO 63104  
 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.**

<b>OFFICERS</b>		<b>BOARD OF DIRECTORS</b> *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE DIRECTOR BELOW</u>	
	<b>A</b>		<b>B</b>
<b>3</b>	<u>PRESIDENT</u> Goodson, Christopher STREET 1935 Park Avenue CITY/STATE/ZIP St. Louis MO 63104	<u>NAME</u> Hastie, Stacy STREET 1530 South 2nd Street CITY/STATE/ZIP Suite 200 St. Louis MO 63104	
	<u>SECRETARY</u> Hastie, Stacy STREET 1530 South 2nd Street CITY/STATE/ZIP Suite 200 St. Louis MO 63104	<u>NAME</u> Goodson, Christopher STREET 1935 Park Avenue CITY/STATE/ZIP St. Louis MO 63104	
	STREET _____ CITY/STATE/ZIP _____	<u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____	
	STREET _____ CITY/STATE/ZIP _____	<u>NAME</u> _____ STREET _____ 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. \*

**Authorized party or officer sign here** Thomas Anthony bene (Required)

**Please print name and title of signer:** Thomas Anthony bene / Other  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_\$20.00 If filed on or before 2/28/2019  
 \_\_\_\$35.00 If filed on or before 3/31/2019  
 \_\_\_\$50.00 If filed on or before 4/30/2019  
 \_\_\_\$65.00 If filed on or before 5/31/2019  
**ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.**

**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): \_\_\_\_\_