John R. Ashcroft Secretary of State
2019 ANNUAL REGISTRATION REPORT
NONPROFIT

N00067375
Date Filed: 10/29/2019
John R. Ashcroft
Missouri Secretary of State

*SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: **8/31/2019**

N00067375
THE LOOP TROLLEY COMPANY
BENJAMIN UCHITELLE
41 CRESTWOOD DR
CLAYTON MO 63105

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

5875 Delmar Blvd. (Required)

STREET
St. Louis MO 63112
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.

3

OFFICERS **A**
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT	**Meyer, John S Jr**
STREET	**7701 Forsyth Blvd. Suite 1200**
CITY/STATE/ZIP	**St. Louis MO 63105**
SECRETARY	**Adams, Joe**
STREET	**924 Wild Cherry**
CITY/STATE/ZIP	**University City MO 63130**
VICE PRESIDENT	**Sterman, Les**
STREET	**1121 Locust St. Apt. 402**
CITY/STATE/ZIP	**Saint Louis MO 63101**
TREASURER	**Moschenross, Don**
STREET	**864 Berry Hill Dr**
CITY/STATE/ZIP	**Olivette MO 63132**

BOARD OF DIRECTORS * **B**
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME	**Schmittdiel, Thomas**
STREET	**805 Wellesley Place Dr.**
CITY/STATE/ZIP	**Chesterfield MO 63017**
NAME	**Rieger, Jen**
STREET	**4579 Laclede Ave PMB 728**
CITY/STATE/ZIP	**St. Louis MO 63108**
NAME	**Hales, Maggie**
STREET	**6340 Clayton Rd Ste 202**
CITY/STATE/ZIP	**SAINT LOUIS MO 63117**
NAME	
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 **John S Meyer Jr** (Required)

Please print name and title of signature: **John S Meyer Jr** / **President**
NAME TITLE

REGISTRATION REPORT FEE IS:
__$10.00 If filed on or before 8/31/2019
__$15.00 If filed after 9/30/2019

Corporation will be administratively dissolved if report is not filed by 11/29/2020

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
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102