Robin Carnahan Secretary of State
2007 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200719790110
N00067375
Date Filed: 07/16/2007
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2007**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00067375
THE LOOP TROLLEY COMPANY
BENJAMIN UCHITELLE
41 CRESTWOOD DR
ST LOUIS, MO 63105

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
6504 Delmar Blvd.,
STREET
St. Louis, MO **63130**
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.

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OFFICERS — A

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **MUST LIST AT LEAST ONE OFFICER BELOW.**

PRES **Joe Edwards**
STREET/RT **6504 Delmar Blvd.**
CITY/STATE/ZIP **St. Louis, MO 63130**
V-PRES .....
STREET/RT .....
CITY/STATE/ZIP _____
SEC'Y .....
STREET/RT .....
CITY/STATE/ZIP _____
TREAS .....
STREET/RT .....
CITY/STATE/ZIP _____

BOARD OF DIRECTORS — B

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

NAME **Joe Adams**
STREET/RT **924 Wild Cherry**
CITY/STATE/ZIP **University City, MO 63130**
NAME **Robert Archibald**
STREET/RT **Missouri Historical Society P.O. Box 11940**
CITY/STATE/ZIP **St. Louis, MO 63112**
NAME **Kim Tucci**
STREET/RT **1143 Macklind Ave.**
CITY/STATE/ZIP **St. Louis, MO 63110**
NAME **Don C. Musick**
STREET/RT **254 Hanley Industrial Court**
CITY/STATE/ZIP **St. Louis, MO 63144**

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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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 R. Shrout** (Required)

Please print name and title of signer: **Thomas R. Shrout** / **Executive Director**
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $10.00 If filed on or before 8/31
____ $15.00 If filed after 8/31
Corporation will be administratively dissolved if report is not filed by November 30th.

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 THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

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2007 ANNUAL REGISTRATION REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

OTHER

BEN UCHITELLE
41 CRESTWOOD DR.
ST. LOUIS, MO 63105

DIRECTOR

DESMOND LEE
UMSL, 8001 NATURAL BRIDGE ROAD
ST. LOUIS, MO 63121