Robin Carnahan Secretary of State
2010 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 201015390827
N00067375
Date Filed: 06/02/2010
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2010**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00067375
THE LOOP TROLLEY COMPANY
JOE EDWARDS
6504 DELMAR
St LOUIS, MO 63130

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 **6504 DELMAR BLVD. ST LOUIS MO 63130**
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 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

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 **Joe Edwards** (Required)

Please print name and title of signer: **Joe Edwards** / **Chairman**
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 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