

Robin Carnahan Secretary of State
 2012 ANNUAL REGISTRATION REPORT
 BUSINESS

File Number: 201235780100
 00999941
 Date Filed: 12/22/2012
 Robin Carnahan
 Secretary of State

REPORT DUE BY: 12/31/2012

RENEWAL MONTH:
September
 I OPT TO CHANGE THE CORPORATION'S
 RENEWAL MONTH TO _____ FOR A \$25.00 FEE.

00999941
 City Hospital Laundry TIF, Inc.
 CT Corporation System
 120 South Central Ave., Ste. 400
 Clayton, MO 63105

1 PRINCIPAL PLACE OF BUSINESS OR
 CORPORATE HEADQUARTERS:
1935 Park Avenue (Required)
 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.

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| <p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST PRESIDENT AND SECRETARY BELOW)</u> A</p> <p><u>PRES</u> <u>Christopher Goodson</u> (Required) STREET/RT <u>1935 Park Avenue</u> CITY/STATE/ZIP <u>St. Louis, MO 63104</u> V-PRES STREET/RT CITY/STATE/ZIP</p> <p><u>SECY</u> <u>Christopher Goodson</u> (Required) STREET/RT <u>1935 Park Avenue</u> CITY/STATE/ZIP <u>St. Louis, MO 63104</u> TREAS <u>Christopher Goodson</u> STREET/RT <u>1935 Park Avenue</u> CITY/STATE/ZIP <u>St. Louis, MO 63104</u></p> <p style="text-align: center;">NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p> | <p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u> B</p> <p><u>NAME</u> <u>Christopher Goodson</u> (Required) STREET/RT <u>1935 Park Avenue</u> CITY/STATE/ZIP <u>St. Louis, MO 63104</u> <u>NAME</u> <u>Stacy W. Hastie</u> STREET/RT <u>1935 Park Avenue</u> CITY/STATE/ZIP <u>St. Louis, MO 63104</u> <u>NAME</u> STREET/RT CITY/STATE/ZIP <u>NAME</u> STREET/RT CITY/STATE/ZIP</p> |
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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 Christopher Goodson (Required)

Please print name and title of signer: Christopher Goodson / President
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 12/31
 ___ \$35.00 If filed on or before 1/31
 ___ \$50.00 If filed on or before 2/28
 ___ \$65.00 If filed on or before 3/31
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) _____

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