

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004228

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC7205283903**

**Entity Name:** PRIMARIS CORPORATION

**Current Principal Place of Business:**

200 N KEENE STREET  
SUITE 101  
COLUMBIA, MO 65201

**Current Mailing Address:**

200 N KEENE STREET  
SUITE 101  
COLUMBIA, MO 65201

**FEI Number:** 43-1306121

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            DRYDEN, JEFFREY L  
Address        1100 KENTUCKY AVENUE  
City-State-Zip: WEST PLAINS MO 65775

Title            IMMEDIATE PAST CHAIR  
Name            JOHNSON, LENT C  
Address        100 MEDICAL DRIVE  
City-State-Zip: HANNIBAL MO 63401

Title            CFO  
Name            KAPLAN, JOEL  
Address        200 N KEENE STREET. SUITE 101  
City-State-Zip: COLUMBIA MO 65201

Title            BOARD CHAIR-ELECT  
Name            KENNETT, JERRY D  
Address        1605 E BROADWAY  
                 SUITE 300  
City-State-Zip: COLUMBIA MO 65201

Title            BOARD CHAIR  
Name            WILLIAMS, BRUCE R DR.  
Address        1087 SOUTH SHORE DRIVE  
City-State-Zip: LAKE WAUKOMIS MO 64151

Title            TREASURER  
Name            COPELAND, JEFFREY G  
Address        2 RICHMOND CENTER COURT  
City-State-Zip: ST PETERS MO 63376

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL KAPLAN

**CFO**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date