

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005388

Entity Name: H.I.S. K.I.D.S. INCORPORATED**Current Principal Place of Business:**908 LAUREL ST.
HIGHLAND, IL 62249**Current Mailing Address:**908 LAUREL ST.
HIGHLAND, IL 62249 US**FEI Number:** 37-1170527**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILES, JAMES HIII
4114 CENTRAL SARASOTA PKWY A1118
SARASOTA, FL 34238 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 D
Name KRONK, ROBERT
Address 12901 ANDREW DR.
City-State-Zip: HIGHLAND IL 62249

Title DVS
Name LADING, PHILIP J
Address 2421 CORPORATE CENTER
City-State-Zip: GRANITE CITY IL 62040

Title DIRECTOR
Name MILLER, SHERRY
Address 8 PEGGY SCHOOL CT.
City-State-Zip: COLLINSVILLE IL

Title DIRECTOR
Name ALEXANDER, LINDA
Address 130 QUAIL DR. EAST
City-State-Zip: HIGHLAND IL 62249

Title DPT
Name MILES, JAMES HIII
Address 4114 CENTRAL SARASOTA PKWY A-1118
City-State-Zip: SARASOTA FL 34238

Title DIR
Name PORTELL, DON
Address 1210 WASHINGTON ST.
City-State-Zip: HIGHLAND IL 62249

Title VP, CHAPLIAN
Name MILES, KEVIN S
Address 65 N. PORTE DR,
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name LANDAU, JENNIFER
Address 7613 CARSWOLD DRIVE
City-State-Zip: ST. LOUIS MO 63105

Continues on page 2

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: JAMES H. MILES 3**PRESIDENT/CO-
FOUNDER****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REED, PAUL
Address 1007 N. MAIN ST.
City-State-Zip: COLUMBIA IL

Title DIRECTOR
Name DIMIG, TOM
Address 8239 SWARTHMORE CT.
City-State-Zip: ST.LOUIS MO 63210

Title DIRECTOR
Name SHAFER, JEREMY H. DR.
Address 2070 TRAUD RD.
City-State-Zip: ST. JACOB IL 62281

Title DIRECTOR
Name GREVE, JON L
Address 100 SUPPIGER LANE
City-State-Zip: HIGHLAND IL 62249

Title DIRECTOR
Name WUEBBLES, KATHY
Address 1 METROPOLITAN SQUARE
City-State-Zip: ST. LOUIS MO 63102