

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003081

Entity Name: LUTHERAN TRUST, INC.**Current Principal Place of Business:**1500 WALL ST
ST. CHARLES, MO 63303**Current Mailing Address:**1500 WALL ST
ST. CHARLES, MO 63303**FEI Number:** 43-1527907**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 CEO
Name JAMES, MARQ
Address 1111 ASHWORTH RD.
City-State-Zip: WEST DES MOINES IA 50265

Title S
Name NOGA, ANDREW
Address 1111 ASHWORTH RD.
City-State-Zip: WEST DES MOINES IA 50265

Title C
Name WALLACE, JAMES D
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name REDDIG, SCOTT
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title P
Name STARNES, KERMIT M
Address 1500 WALL ST
City-State-Zip: ST. CHARLES MO 63303

Title TREA, DIRECTOR
Name JOOS, MARK
Address 1111 ASHWORTH RD.
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name HUGHES, BRIAN
Address 1111 ASHWORTH ROAD
City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR
Name FALEY, MICHAEL J
Address 1500 WALL ST
City-State-Zip: ST. CHARLES MO 63303

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW NOGA**SECRETARY****04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date