## 2017 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

**FILED** Apr 27, 2017

**Secretary of State** 

CC2902957481

Officer/Director Detail:

Title CEO Title Р

Name JAMES, MARQ Name STARNES, KERMIT M

Address 1111 ASHWORTH RD. Address 1500 WALL ST

ST. CHARLES MO 63303 City-State-Zip: City-State-Zip: WEST DES MOINES IA 50265

Title TREA, DIRECTOR Title

Name JOOS, MARK Name NOGA, ANDREW

Address 1111 ASHWORTH RD. Address 1111 ASHWORTH RD.

WEST DES MOINES IA 50265 City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip:

Title DIRECTOR Title C, DIRECTOR

HUGHES, BRIAN Name Name WALLACE, JAMES D

1111 ASHWORTH ROAD Address Address 1111 ASHWORTH ROAD

City-State-Zip: WEST DES MOINES IA 50265 City-State-Zip: WEST DES MOINES IA 50265

Title DIRECTOR Title **DIRECTOR** Name

ZENNER, CHAD Name REDDIG, SCOTT

Address 1111 ASHWORTH ROAD Address 1111 ASHWORTH ROAD

WEST DES MOINES IA 50265 City-State-Zip: City-State-Zip: WEST DES MOINES IA 50265

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.

04/27/2017 SIGNATURE: ANDREW NOGA **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date