

**2014 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 FARR, THOMAS C  
Address 1111 ASHWORTH RD.  
City-State-Zip: WEST DES MOINES IA 50265

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

Title ASSS  
Name WATERS, SAMUEL  
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 BUCKLEY, SARAH  
Address 1111 ASHWORTH ROAD  
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.

**SIGNATURE:** THOMAS C. FARR**SECRETARY****04/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date