2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000268

Entity Name: SOUTHEAST MTM, INC.

Current Principal Place of Business:

16 HAWK RIDGE DR

LAKE ST. LOUIS, MO 63367

Current Mailing Address:

16 HAWK RIDGE DR

LAKE ST. LOUIS. MO 63367

FEI Number: 43-1719762 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 20, 2015

Secretary of State

CC9554854014

Officer/Director Detail:

Title VP-, SECRETARY Title CH-D

Name TIEMEYER, DONALD Name GRISWOLD, PEGGY

Address 16 HAWK RIDGE DR Address 2608 ARROWHEAD ESTATES RD.

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE OZARK MO 65049

Title VP-D Title D

Name GRISWOLD, LYNN Name BOWERS, J B

Address 2608 ARROWHEAD ESTATES RD. Address 9563 E. SUTHERLAND WAY

City-State-Zip: LAKE OZARK MO 65049 City-State-Zip: SCOTTSDALE AZ 85262

Title PCEO, DIRECTOR Title CIO

Name MACIA, ALAINA Name FEDERER, JOSEPH
Address 16 HAWK RIDGE DR Address 16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP Title VI

Name BOEKHOLT, NATASHA Name MCNIFF, PATRICK
Address 16 HAWK RIDGE DR Address 16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367

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

SIGNATURE: DONALD C TIEMEYER

SECRETARY / EVP

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title VP

NameCROWELL, AARONNameLUCAS, MICHELEAddress16 HAWK RIDGE DRAddress16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP Title VP

NameCLARK, KIMBERLYNameSCHEWE, KERRIAddress16 HAWK RIDGE DRAddress16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP Title VF

NameSTALBOERGER, PHILIPNameKLAAS, STEPHANIEAddress16 HAWK RIDGE DRAddress16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP Title VP

NameSEELER, CARRIENameWILIAMS, VALORIEAddress16 HAWK RIDGE DRAddress16 HAWK RIDGE DR

City-State-Zip: LAKE ST. LOUIS MO 63367 City-State-Zip: LAKE ST. LOUIS MO 63367