

2014 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

Officer/Director Detail :

Title VP-, SECRETARY
Name TIEMEYER, DONALD
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title CH-D
Name GRISWOLD, PEGGY
Address 2608 ARROWHEAD ESTATES RD.
City-State-Zip: LAKE OZARK MO 65049

Title VP-D
Name GRISWOLD, LYNN
Address 2608 ARROWHEAD ESTATES RD.
City-State-Zip: LAKE OZARK MO 65049

Title D
Name BOWERS, J B
Address 9563 E. SUTHERLAND WAY
City-State-Zip: SCOTTSDALE AZ 85262

Title PCEO, DIRECTOR
Name MACIA, ALAINA
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title CIO
Name FEDERER, JOSEPH
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name BOEKHOLT, NATASHA
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name MCNIFF, PATRICK
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

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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

VP, SECRETARY

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name CROWELL, AARON
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name PARÉ, JUSTIN SR.
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name SCHEWE, KERRI
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name KLAAS, STEPHANIE
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name LUCAS, MICHELE
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name CLARK, KIMBERLY
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title VP
Name STALBOERGER, PHILIP
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367

Title TREASURER
Name BAUM , RANDALL
Address 16 HAWK RIDGE DR
City-State-Zip: LAKE ST. LOUIS MO 63367