

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003438

**Entity Name:** FIRST BANK HOME MORTGAGE, INC.

**Current Principal Place of Business:**

11901 OLIVE BLVD.  
CREVE COEUR, MO 63141

**Current Mailing Address:**

C/O TAX DEPARTMENT, MC019  
600 JAMES S. MCDONNELL BLVD.  
HAZELWOOD, MO 63042

**FEI Number:** 43-0231490

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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            PRESIDENT, DIRECTOR  
Name            DIERBERG, MICHAEL J  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            SECRETARY, DIRECTOR  
Name            WIMMER, PETER D  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            VP  
Name            CARSON, ANNETTE R  
Address        600 JAMES S. MCDONNELL BLVD.  
City-State-Zip: HAZELWOOD MO 63042

Title            DIRECTOR, CHAIRMAN  
Name            SEIFERT, SHELLEY J.  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            TREASURER, DIRECTOR  
Name            MOSES, JAMIE  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            VP, DIRECTOR  
Name            KUSMAN, WILLIAM A  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            VP, DIRECTOR  
Name            HALLGREN, ERIC  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title            VP, DIRECTOR  
Name            NIBHANUPUDI, SARMA BALA  
Address        11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

**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:** ANNETTE R CARSON

**SR. VICE PRESIDENT**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name SEMS, RICHARD M  
Address 11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title DIRECTOR, VP  
Name RYFFEL, RICH  
Address 11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141

Title DIRECTOR, VP  
Name CURCIO, MAGGIE  
Address 11901 OLIVE BLVD.  
City-State-Zip: CREVE COEUR MO 63141