

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003176

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**7059515873CC**

**Entity Name:** TALX CORPORATION

**Current Principal Place of Business:**

11432 LACKLAND RD  
ST. LOUIS, MO 63146

**Current Mailing Address:**

1550 PEACHTREE STREET, NW  
ATLANTA, GA 30309

**FEI Number:** 64-0958101

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 AS  
Name SPELLECY, LYNN  
Address 11432 LACKLAND ROAD  
City-State-Zip: ST. LOUIS MO 63146

Title DIRECTOR, SECRETARY  
Name STOCKARD, LISA  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title P, DIRECTOR  
Name PLODER, RODOLFO O  
Address 11432 LACKLAND ROAD  
City-State-Zip: ST. LOUIS MO 63146

Title AT  
Name WOOD, A HAYS  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title VPT  
Name BONFIELD, M. GABE  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

Title ASST. SECRETARY  
Name DURON, SHERRI  
Address 1550 PEACHTREE STREET, NW  
City-State-Zip: ATLANTA GA 30309

*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:** A. HAYS WOOD

**ASSISTANT TREASURER 03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date