

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006188

Entity Name: FIRST BANK OF SOUTHWEST FLORIDA**Current Principal Place of Business:**11901 OLIVE BLVD.
CREVE COEUR, MO 63141**Current Mailing Address:**C/O TAX DEPARTMENT, MO19
600 JAMES S. MCDONNELL BLVD.
HAZELWOOD, MO 63042-2302**FEI Number:** 43-0231490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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
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
Name SEIFERT, SHELLEY J
Address 11901 OLIVE BLVD.
City-State-Zip: CREVE COEUR MO 63141

Title TREASURER
Name NORMILE, MICHAEL J.
Address 11901 OLIVE BLVD.
City-State-Zip: CREVE COEUR MO 63141

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

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 CARSON**SVP, TAX DIRECTOR****04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date