

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006188

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC7019241082**

**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            TIMOTHY, LATHE J  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

Title            SECRETARY, DIRECTOR  
Name            VANSICKLE, LISA K  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

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

Title            DIRECTOR  
Name            MONTGOMERY, JOHN H  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

Title            DIRECTOR  
Name            SEIFERT, SHELLEY J  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

Title            TREASURER  
Name            NORMILE, MICHAEL J.  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

Title            DIRECTOR  
Name            DIERBERG, MICHAEL J.  
Address        135 N. MERAMEC  
City-State-Zip: CLAYTON MO 63105

*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**

**03/16/2016**

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

\_\_\_\_\_  
Date