

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002414

**Entity Name:** MCCORMACK BARON SALAZAR, INC.**Current Principal Place of Business:**720 OLIVE STREET, SUITE 2500  
SAINT LOUIS, MO 63101**Current Mailing Address:**720 OLIVE STREET, SUITE 2500  
SAINT LOUIS, MO 63101**FEI Number:** 43-1053637**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 CHAIRMAN, DIRECTOR  
Name BARON, RICHARD D.  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title DIRECTOR, VC  
Name MCCORMACK, KEVIN J.  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title DIRECTOR, SECRETARY, VP  
Name ZIMMERMAN, HILLARY B.  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title DIRECTOR, PRESIDENT  
Name BENNETT, VINCENT R  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title DIRECTOR, TREASURER, VP, ASST.  
SECRETARY  
Name HARTMANN, KIM  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title VP  
Name BRODIE, CLAUDIA  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title VP  
Name TINSLEY, LAUREL J.  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title VP, DIRECTOR  
Name DUFFY, MICHAEL C.  
Address 720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

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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:** HILLARY B. ZIMMERMAN

VP

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            VP, DIRECTOR  
Name            FREEMAN, YUSEF  
Address        50 CALIFORNIA STREET, SUITE 1500  
City-State-Zip: SAN FRANCISCO CA 94111

Title            VP  
Name            DEGRAAF, JULIE R.  
Address        720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101

Title            VP  
Name            ACOSTA, DANIEL F.  
Address        720 OLIVE STREET, SUITE 2500  
City-State-Zip: SAINT LOUIS MO 63101