2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004893

Entity Name: MCCORMACK BARON SALAZAR DEVELOPMENT, INC.

FILED
Apr 18, 2019
Secretary of State
7614413649CC

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: 27-1259822 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
 Title
 DIRECTOR, SECRETARY, VP

 Name
 MCCORMACK, KEVIN J
 Name
 ZIMMERMAN, HILLARY B

Address 720 OLIVE STREET, SUITE 2500 Address 720 OLIVE STREET, SUITE 2500

City-State-Zip: SAINT LOUIS MO 63101 City-State-Zip: SAINT LOUIS MO 63101

Title VP Title DIRECTOR, TREASURER, ASST.

SECRETARY, VP

٧/P

Name BENNETT, VINCENT R
Name HARTMANN, KIM

Address 720 OLIVE STREET, SUITE 2500

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City-State-Zip: SAINT LOUIS MO 63101

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Title VP

Name BRODIE, CLAUDIA ...

Address 720 OLIVE STREET, SUITE 2500

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City-State-Zip: SAINT LOUIS MO 63101 City-State-Zip: SAINT LOUIS MO 63101

Title VP

Name TINSLEY, LAUREL J. Title VP
Name BERNARDY, LOUIS J.

Address 720 OLIVE STREET, SUITE 2500 Address 454 SOLEDAD STREET, SUITE 300

City-State-Zip: SAINT LOUIS MO 63101 City-State-Zip: SAN ANTONIO TX 78205-1555

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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

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title VP

Name SAUNDERS, MICHAEL Name ACOSTA, DANIEL F.

Address 720 OLIVE STREET, SUITE 2500 Address 720 OLIVE STREET, SUITE 2500

City-State-Zip: SAINT LOUIS MO 63101 City-State-Zip: SAINT LOUIS MO 63101

Title VP Title ASST VP

Name RHOADS, W. RANDALL Name SEABAUGH, CADY

Address 720 OLIVE STREET, SUITE 2500 Address 720 OLIVE STREET, SUITE 2500

City-State-Zip: SAINT LOUIS MO 63101 City-State-Zip: SAINT LOUIS MO 63101

Title DIRECTOR, VP Title VP

Name BUECHLER, GARY M. Name CURRELL, THOMAS

Address 720 OLIVE STREET, SUITE 2500 Address 720 OLIVE STREET, SUITE 2500

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