

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001035

Entity Name: TRANS ADVANTAGE MISSOURI, INC.**Current Principal Place of Business:**ONE PREMIER DRIVE
FENTON, MO 63026**Current Mailing Address:**ONE PREMIER DRIVE
FENTON, MO 63026**FEI Number:** 43-0926747**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 DIRECTOR
Name GRIFFITHS, LAURIE M
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title SECRETARY
Name PACER, VALERIE J.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title ASSISTANT SECRETARY
Name BAER, TIMOTHY M.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title ASSISTANT TREASURER
Name AMANN, PETER J.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title PRESIDENT
Name DZIERGOWSKI, MARK J.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title TREASURER
Name STOTTLEMYRE, L. BRENT
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title DIRECTOR
Name SMITH, RICHARD K. JR.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title DIRECTOR
Name QUINTALINO, GARY
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Continues on page 2

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: VALERIE J. PACER**SECRETARY****03/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CEO
Name ROGERS, MARC
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026

Title DIRECTOR
Name SMITH, LARRY A.
Address ONE PREMIER DRIVE
City-State-Zip: FENTON MO 63026