

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003529

Entity Name: MCCORMACK BARON MANAGEMENT, INC.**Current Principal Place of Business:**100 N BROADWAY
SUITE 100
SAINT LOUIS, MO 63102**Current Mailing Address:**100 N BROADWAY
SUITE 100
SAINT LOUIS, MO 63102 US**FEI Number:** 43-1023485**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
Name	MCGREW, LASHONA
Address	100 N BROADWAY SUITE 100
City-State-Zip:	SAINT LOUIS MO 63102

Title	DIRECTOR, SECRETARY, VP
Name	MCCORMACK, IAN
Address	100 N BROADWAY SUITE 100
City-State-Zip:	SAINT LOUIS MO 63102

Title	DIRECTOR, VP
Name	MCCORMACK, KEVIN J
Address	100 N BROADWAY SUITE 100
City-State-Zip:	SAINT LOUIS MO 63102

Title	TREASURER, VP
Name	HARTMANN, KIM
Address	100 N BROADWAY SUITE 100
City-State-Zip:	SAINT LOUIS MO 63102

Title	DIRECTOR
Name	BENNETT, VINCENT R
Address	100 N BROADWAY SUITE 100
City-State-Zip:	SAINT LOUIS MO 63102

Title	ASST. VP
Name	TOBIN, JACK B.
Address	3201 NORTHEAST 183RD STREET SUITE 902
City-State-Zip:	AVENTURA FL 33160

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: IAN MCCORMACK**VP****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date