

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000675

**Entity Name:** MARYVILLE DATA SYSTEMS, INC.**Current Principal Place of Business:**540 MARYVILLE CENTRE DR  
SUITE 300  
CREVE COEUR, MO 63141**Current Mailing Address:**540 MARYVILLE CENTRE DR  
SUITE 300  
CREVE COEUR, MO 63141 US**FEI Number:** 43-1669059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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	BLOMKER, JOSEPH M
Address	540 MARYVILLE CENTRE DR
City-State-Zip:	CREVE COEUR MO 63141

Title	ASST. SECRETARY
Name	BOHNERT, MATTHEW J
Address	540 MARYVILLE CENTRE DR SUITE 300
City-State-Zip:	CREVE COEUR MO 63141

Title	DIRECTOR
Name	BLOMKER, JOSEPH M
Address	540 MARYVILLE CENTRE DR
City-State-Zip:	CREVE COEUR MO 63141

Title	DIRECTOR, ASST. SECRETARY
Name	BLOMKER, JOSEPH A
Address	540 MARYVILLE CENTRE DR SUITE 300
City-State-Zip:	CREVE COEUR MO 63141

Title	DIRECTOR, ASST. SECRETARY
Name	BLOMKER, JEFFREY M
Address	540 MARYVILLE CENTRE DR SUITE 300
City-State-Zip:	CREVE COEUR MO 63141

*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: MATTHEW J. BOHNERT****OFFICER****03/26/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date