

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000675

**Entity Name:** MARYVILLE DATA SYSTEMS, INC.**Current Principal Place of Business:**7777 BONHOMME AVE  
SUITE 2300  
ST. LOUIS, MO 63105**Current Mailing Address:**7777 BONHOMME AVE  
SUITE 2300  
ST. LOUIS, MO 63105 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	7777 BONHOMME AVE SUITE 2300
City-State-Zip:	ST. LOUIS MO 63105

Title	ASST. SECRETARY
Name	VIEN, ANDREW R
Address	7777 BONHOMME AVE SUITE 2300
City-State-Zip:	ST. LOUIS MO 63105

Title	DIRECTOR
Name	BLOMKER, JOSEPH M
Address	7777 BONHOMME AVE SUITE 2300
City-State-Zip:	ST. LOUIS MO 63105

Title	DIRECTOR, ASST. SECRETARY
Name	BLOMKER, JOSEPH A
Address	7777 BONHOMME AVE SUITE 2300
City-State-Zip:	ST. LOUIS MO 63105

Title	DIRECTOR, ASST. SECRETARY
Name	BLOMKER, JEFFREY M
Address	7777 BONHOMME AVE SUITE 2300
City-State-Zip:	ST. LOUIS MO 63105

*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: ANDREW R. VIEN****CONTROLLER****03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date