

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002133

FILED
Mar 28, 2016
Secretary of State
CC2333237817

Entity Name: CERILLIANT CORPORATION

Current Principal Place of Business:

811 PALOMA
SUITE A
ROUND ROCK, TX 78665

Current Mailing Address:

3050 SPRUCE ST
ST LOUIS, MO 63103

FEI Number: 75-2891900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 DIR
Name CREASEY, THERESA
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103

Title PRES
Name POGUE, SHERRI
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name TRAMMEL, RICHARD
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title ASST. SECRETARY
Name KALKWARF, JEANNINE
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103

Title TRES
Name LIPE, PENNY
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103

Title VP
Name RETTINGER, MITZI
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name BARNHOUSE, DARREN
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title DIRECTOR
Name KREINBRING, KOBY
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103

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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: JEANNINE KALKWARF

ASST SECRETARY

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POGUE, SHERRI
Address 811 PALOMA
SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name SREEVINASIN, UMA
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name SPARKS, LARA
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title SECRETARY
Name KREINBRING, KOBY
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103