

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002133

FILED
Feb 27, 2013
Secretary of State
CC0880427048

Entity Name: CERILLIANT CORPORATION

Current Principal Place of Business:

3050 SPRUCE ST
ST LOUIS, MO 63103

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 WICKS, FRANK
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 SEC
Name MILLER, GEORGE
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103

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

Title CEO
Name GANT, J RUSSEL
Address 595 N HARRISON
City-State-Zip: BELLEFONTE PA 16823

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

Title DIRECTOR
Name GANT, J RUSSEL
Address 595 N HARRISON
City-State-Zip: BELLEFONTE PA 16823

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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

ASSISTANT SECRETARY 02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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