

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003794

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC1956994453**

**Entity Name:** DELTA DENTAL OF MISSOURI, INC.

**Current Principal Place of Business:**

12399 GRAVOIS RD  
ST LOUIS, MO 63127

**Current Mailing Address:**

12399 GRAVOIS RD  
ST LOUIS, MO 63127

**FEI Number: 43-0908349**

**Certificate of Status Desired: Yes**

**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           DIRECTOR  
Name           BERGLUND, BRIAN W. JR.  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title           DIRECTOR  
Name           BRAUN, RICHARD W.  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title           DIRECTOR  
Name           REDOHL, H.R.  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title           DIRECTOR  
Name           ROBISON, EDWARD C.  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title           CHAIRMAN, DIRECTOR  
Name           BUTLER, ROBERT  
Address        12399 GRAVOIS ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title           DIRECTOR  
Name           ZUST, MARK R  
Address        12399 GRAVOIS ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title           SECOND VICE CHAIR, DIRECTOR  
Name           RHEA, JAMES W  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title           CEO, PRESIDENT, DIRECTOR  
Name           GOREN, EYTAN BOAZ ROB  
Address        12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

**Continues on page 2**

*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: EYTAN BOAZ ROB GOREN**

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY, DIRECTOR  
Name BISHOP, ROSEMARY A  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR  
Name MANCIN, MARK S  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR  
Name EDWARDS, WILLIAM M  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title CHIEF INFORMATION OFFICER  
Name MUDRA, KARL  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title OTHER  
Name JENNINGS, JONATHAN  
Address 12399 GRAVOIS RD  
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR  
Name PATTERSON, DEBORAH J  
Address 12399 GRAVOIS RD  
City-State-Zip: ST. LOUIS MO 63127

Title OTHER  
Name PATTAROZZI, EDWARD A  
Address 12399 GRAVOIS RD  
City-State-Zip: ST. LOUIS MO 63127

Title TREASURER, DIRECTOR  
Name BENDER, WILLIAM J  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR  
Name TAYLOR, TIMOTHY S  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title ASSISTANT TREASURER, CFO  
Name BENTRUP, BARBARA CHRISTINE  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title DIRECTOR  
Name CUSTARDO, JOHNNY  
Address 12399 GRAVOIS RD  
City-State-Zip: ST LOUIS MO 63127

Title OTHER  
Name INGE, RONALD  
Address 12399 GRAVOIS RD  
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR  
Name WILLIAMS, GARY R  
Address 12399 GRAVOIS RD  
City-State-Zip: ST. LOUIS MO 63127