2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1200000125

Entity Name: CASS INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

12444 POWERSCOURT DRIVE SUITE 550 ST. LOUIS, MO 63131

Current Mailing Address:

12444 POWERSCOURT DRIVE SUITE 550 ST. LOUIS, MO 63131 US

FEI Number: 43-1265338

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

Officer/Director Detail :

Officer/Dires			
Title	PD	Title	CFO
Name	BRUNNGRABER, ERIC H	Name	NORMILE, MICHAEL
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	т	Title	D
Name	HOFFMAN, DOUGLAS J	Name	EBEL, ROBERT A
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	D	Title	D
Name	LINDEMANN, JAMES J	Name	SCHILLING, RANDALL L
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	D	Title	D
Name	ROTH, SALLY H	Name	WICKS, FRANKLIN D JR.
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131

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CFO

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: MICHAEL NORMILE

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2022 Secretary of State 6228643751CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

City-State-Zip: ST. LOUIS MO 63131

Title	D	Title	DIRECTOR
Name	EDWARDS, BENJAMIN F IV	Name	CLERMONT, RALPH W
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	DIRECTOR	Title	SECRETARY
Name	RUPP, JOSEPH D	Name	SCHUCKMAN, MATTHEW
Address	12444 POWERSCOURT DRIVE SUITE 550	Address	12444 POWERSCOURT DRIVE SUITE 550
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	DIRECTOR		
Name	HENRY, WENDY J		
Address	12444 POWERSCOURT DRIVE SUITE 550		