

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F17000000916

Entity Name: WHELAN EVENT STAFFING SERVICES, INC.**Current Principal Place of Business:**1699 SOUTH HANLEY ROAD
SUITE 350
ST. LOUIS, MO 63144**Current Mailing Address:**1699 SOUTH HANLEY ROAD
SUITE 350
ST. LOUIS, MO 63144 US**FEI Number:** 45-3709475**Certificate of Status Desired:** No**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	PRESIDENT AND COO
Name	ROBERTSON, PRENTICE
Address	1699 SOUTH HANLEY ROAD SUITE 350
City-State-Zip:	ST. LOUIS MO 63144

Title	DIRECTOR
Name	SEGUIN, PIERRE-HUBERT
Address	1699 SOUTH HANLEY ROAD SUITE 350
City-State-Zip:	ST. LOUIS MO 63144

Title	DIRECTOR
Name	PRINCE, PATRICK
Address	1699 SOUTH HANLEY ROAD SUITE 350
City-State-Zip:	ST. LOUIS MO 63144

Title	SVP AND CHIEF SECURITY OFFICER
Name	PORTERFIELD, MARK
Address	1699 SOUTH HANLEY ROAD SUITE 350
City-State-Zip:	ST. LOUIS MO 63144

Title	SECRETARY AND TREASURER
Name	CROSSWHITE, RENE
Address	1699 SOUTH HANLEY ROAD SUITE 350
City-State-Zip:	ST. LOUIS MO 63144

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: RENE CROSSWHITE**SECRETARY****05/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date