## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000916

Entity Name: BEST CROWD MANAGEMENT, 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: 46-5054858 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

FILED Apr 01, 2024

**Secretary of State** 

5372439173CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name PRINCE, PATRICK Name SEGUIN, PIERRE-HUBERT

Address 1699 SOUTH HANLEY ROAD Address 1699 SOUTH HANLEY ROAD

SUITE 350 SUITE 350

City-State-Zip: ST. LOUIS MO 63144 City-State-Zip: ST. LOUIS MO 63144

 Title
 PRESIDENT AND COO
 Title
 CHIEF SECURITY OFFICER

 Name
 ROBERTSON, PRENTICE
 Name
 PORTERFIELD, MARK

Address 1699 SOUTH HANLEY ROAD Address 1699 SOUTH HANLEY ROAD

SUITE 350 SUITE 350

City-State-Zip: ST. LOUIS MO 63144 City-State-Zip: ST. LOUIS MO 63144

Title ASSISTANT SECRETARY/ASSISTANT

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

ASSISTANT SECRETARY/ASSISTANT TREASURER 04/01/2024