## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004289

**Entity Name: TARLTON CORPORATION** 

**Current Principal Place of Business:** 

5500 WEST PARK AVENUE ST. LOUIS. MO 63110

**Current Mailing Address:** 

5500 WEST PARK AVENUE ST. LOUIS, MO 63110 US

FEI Number: 43-0613116 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 May 29, 2020

**Secretary of State** 

3601823930CC

Officer/Director Detail:

Title VP Title VP

NameEFTIMOFF, ANTHONYNamePFUND, MATTHEWAddress5500 WEST PARK AVENUEAddress7455 PIN OAK ROAD

City-State-Zip: ST. LOUIS MO 63110 City-State-Zip: EDWARDSVILLE IL 62025

Title VP Title ASSISTANT SECRETARY

Name CRONIN, STEVEN Name DOERR, JOHN

Address 16402 GRAND BASIN COURT Address 3538 BROOK STONE SOUTH

City-State-Zip: GROVER MO 63040 City-State-Zip: ST. LOUIS MO 63129

Title DIRECTOR Title EXECUTIVE VICE PRESIDENT

Name ELSPERMAN, DIRK Name ELSPERMAN, DIRK

Address 1645 FEATHERSTONE DRIVE Address 1645 FEATHERSTONE DRIVE

City-State-Zip: ST. LOUIS MO 63131 City-State-Zip: ST. LOUIS MO 63131

TitleSENIOR VICE PRESIDENTTitleDIRECTORNameDOERR, JOHNNameGUHR, WENDYAddress3538 BROOK STONE SOUTHAddress11750 FAWNRIDGE

City-State-Zip: ST. LOUIS MO 63129 City-State-Zip: DES PERES MO 63131

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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: TRACY HART PRESIDENT 05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleSECRETARYTitleDIRECTORNameGUHR, WENDYNameHART, TRACYAddress11750 FAWNRIDGEAddress56 HILL DRIVE

City-State-Zip: DES PERES MO 63131 City-State-Zip: ST. LOUIS MO 63122

TitleTREASURERTitlePRESIDENTNameHART, TRACYNameHART, TRACYAddress56 HILL DRIVEAddress56 HILL DRIVE

City-State-Zip: ST. LOUIS MO 63122 City-State-Zip: ST. LOUIS MO 63122