

**2018 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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ELSPERMAN, DIRK  
Address        1645 FEATHERSTONE DRIVE  
City-State-Zip: ST. LOUIS MO 63131

Title           DIRECTOR  
Name           GUHR, WENDY  
Address        11750 FAWNRRIDGE  
City-State-Zip: DES PERES MO 63131

Title           SECRETARY  
Name           GUHR, WENDY  
Address        11750 FAWNRRIDGE  
City-State-Zip: DES PERES MO 63131

Title           DIRECTOR  
Name           HART, TRACY  
Address        56 HILL DRIVE  
City-State-Zip: ST. LOUIS MO 63122

Title           TREASURER  
Name           HART, TRACY  
Address        56 HILL DRIVE  
City-State-Zip: ST. LOUIS MO 63122

Title           PRESIDENT  
Name           HART, TRACY  
Address        56 HILL DRIVE  
City-State-Zip: ST. LOUIS MO 63122

*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**

**04/09/2018**

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

\_\_\_\_\_  
Date