

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000004490

**Entity Name:** FLEISHMAN-HILLARD INC.

**Current Principal Place of Business:**

200 N. BROADWAY  
SAINT LOUIS, MO 63102

**Current Mailing Address:**

200 N. BROADWAY  
SAINT LOUIS, MO 63102

**FEI Number:** 43-1791685

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PCEO, DIRECTOR  
Name SAUNDERS, JOHN  
Address 200 NORTH BROADWAY  
City-State-Zip: SAINT LOUIS MO 63102

Title D  
Name ADAMS, DALE  
Address 437 MADISON AVE  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name ROHLFING, FREDERIC  
Address 200 NORTH BROADWAY  
City-State-Zip: SAINT LOUIS MO 63102

Title T  
Name WINKELER, WILLIAM B  
Address 200 N. BROADWAY  
City-State-Zip: SAINT LOUIS MO 63102

Title S, DIRECTOR  
Name GANGI, CRAIG  
Address 437 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

*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:** WILLIAM WINKELER

**TREASURER**

**04/29/2017**

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

\_\_\_\_\_  
Date