

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07503

Entity Name: BARRY-WEHMILLER DESIGN GROUP, INC.**Current Principal Place of Business:**8020 FORSYTH BLVD
ST. LOUIS, MO 63105**Current Mailing Address:**ATTN NORBERTO GACHO
8020 FORSYTH BLVD
ST LOUIS, MO 63105 US**FEI Number: 43-1307784****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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	VP	Title	VP, ASST. SECRETARY, DIRECTOR
Name	LAWSON, JAMES W	Name	COONROD, GREGORY L
Address	8020 FORSYTH BLVD	Address	8020 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	MP, DIRECTOR	Title	TREASURER, ASST. SECRETARY, DIRECTOR
Name	WILHELM, JOSEPH D	Name	ZACCARELLO, MICHAEL D
Address	8020 FORSYTH BLVD	Address	8020 FORSYTH BLVD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST LOUIS MO 63105
Title	CHAIRMAN, CEO, PRESIDENT, DIRECTOR	Title	CHIEF PEOPLE OFFICER
Name	CHAPMAN, ROBERT H	Name	SPENCER, RHONDA R
Address	8020 FORSYTH BLVD	Address	8020 FORSYTH BLVD.
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP, SECRETARY, DIRECTOR		
Name	KUHN, WILLIAM T		
Address	8020 FORSYTH BLVD		
City-State-Zip:	ST. LOUIS MO 63105		

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: MICHAEL D ZACCARELLO**TREASURER****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date