

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12701

**Entity Name:** WHOLESALER EQUITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**ONE BUSCH PLACE  
ST. LOUIS, MO 63118**Current Mailing Address:**ONE BUSCH PLACE  
ATT: CORPORATE TAX DEPT.  
ST. LOUIS, MO 63118**FEI Number:** 43-1341343**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	SD
Name	LARSON, THOMAS D
Address	ONE BUSCH PLACE
City-State-Zip:	ST LOUIS MO 63118

Title	AS
Name	THOMAS, LYDIA A
Address	ONE BUSCH PLACE
City-State-Zip:	ST. LOUIS MO 63118

Title	VP
Name	MARCELINO, BETTY
Address	125 W 24TH STREET
City-State-Zip:	NEW YORK NY 10011

Title	TREASURER, DIRECTOR
Name	GILBERTSON, MATT
Address	125 W 24TH STREET
City-State-Zip:	NEW YORK NY 10011

Title	CEO
Name	CONRAD, PETER KEENAN
Address	125 W 24TH STREET
City-State-Zip:	NEW YORK NY 10011

Title	VP, DIRECTOR, ASST. TREASURER
Name	DUCKWORTH, MICHAEL
Address	ONE BUSCH PLACE
City-State-Zip:	ST. LOUIS MO 63118

Title	VP
Name	DIXON, BRYAN
Address	ONE BUSCH PLACE
City-State-Zip:	ST. LOUIS MO 63118

Title	VP
Name	THARAEPARAMBIL, ROBERT
Address	125 W 24TH STREET
City-State-Zip:	NEW YORK NY 10011

*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:** BETTY MARCELINO

VICE PRESIDENT

04/27/2022

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