

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15332

Entity Name: TRICORBRAUN INC.**Current Principal Place of Business:**6 CITY PLACE DRIVE, 1000
ST. LOUIS, MO 63141**Current Mailing Address:**6 CITY PLACE DRIVE, 1000
ST. LOUIS, MO 63141 US**FEI Number:** 43-0696986**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 | C |
| Name | KRANZBERG, KENNETH |
| Address | 50 PICARDY LANE |
| City-State-Zip: | ST LOUIS MO |

| | |
|-----------------|----------------------|
| Title | S |
| Name | WASMUTH, KAY |
| Address | PO BOX 56 |
| City-State-Zip: | GLEN CARBON IL 62034 |

| | |
|-----------------|-------------------------------------|
| Title | PCEO |
| Name | STROPE, KEITH |
| Address | 17336 COUNTRY SIDE MANOR PARKWAY |
| City-State-Zip: | CHESTERFIELD MO |

| | |
|-----------------|------------------------|
| Title | T |
| Name | SCHOEN, MARK |
| Address | 1006 REMINGTON OAKS CT |
| City-State-Zip: | FENTON MO 63026 |

| | |
|-----------------|-----------------------|
| Title | V |
| Name | TZINBERG, NEIL |
| Address | 14021 BOXFORD COURT |
| City-State-Zip: | CHESTERFIELD MO 63017 |

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: MARK SCHOEN**TREASURER****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date