

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839216

FILED
Apr 26, 2012
Secretary of State

Entity Name: BARRY-WEHMILLER COMPANY

Current Principal Place of Business:

8020 FORSYTH BOULEVARD
ST LOUIS, MO 63105 US

New Principal Place of Business:

Current Mailing Address:

ATTN: BUTCH PETERSON
8020 FORSYTH BOULEVARD
ST LOUIS, MO 63105 US

New Mailing Address:

ATTN: NORBERTO GACHO
8020 FORSYTH BOULEVARD
ST LOUIS, MO 63105 US

FEI Number: 43-0172560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CPD
Name: CHAPMAN, ROBERT H
Address: 8020 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VD
Name: COONROD, GREGORY L
Address: 8020 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: P
Name: OSTAPOWICZ, PHILLIP G
Address: 8020 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: AST
Name: ZACCARELLO, MICHAEL D
Address: 8020 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VPSD
Name: LAWSON, JAMES W
Address: 8020 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: CD
Name: SULLIVAN, TIMOTHY J
Address: 8020 FORSYTH BLVD
City-St-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

AST

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date