

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003081

FILED
Apr 26, 2012
Secretary of State

Entity Name: LUTHERAN TRUST, INC.

Current Principal Place of Business:

1500 WALL ST
ST. CHARLES, MO 63303

New Principal Place of Business:

Current Mailing Address:

1500 WALL ST
ST. CHARLES, MO 63303

New Mailing Address:

FEI Number: 43-1527907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: CEO
Name: JAMES, MARQ
Address: 1111 ASHWORTH RD.
City-St-Zip: WEST DES MOINES, IA 50265

Title: P
Name: STARNES, KERMIT M
Address: 1500 WALL ST
City-St-Zip: ST. CHARLES, MO 63303

Title: S
Name: FARR, THOMAS C
Address: 1111 ASHWORTH RD.
City-St-Zip: WEST DES MOINES, IA 50265

Title: ASSS
Name: WATERS, SAMUEL
Address: 1111 ASHWORTH RD.
City-St-Zip: WEST DES MOINES, IA 50265

Title: TREA
Name: JOOS, MARK
Address: 1111 ASHWORTH RD.
City-St-Zip: WEST DES MOINES, IA 50265

Title: C
Name: WALLACE, JAMES D
Address: 1111 ASHWORTH ROAD
City-St-Zip: WEST DES MOINES, IA 50265

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: THOMAS C. FARR

SEC

04/26/2012

Electronic Signature of Signing Officer or Director

Date