

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007952

FILED
Apr 27, 2012
Secretary of State

Entity Name: CUSTOMERONE FINANCIAL NETWORK, INC.

Current Principal Place of Business:

8300 EAGER ROAD
SUITE 700
ST. LOUIS, MO 63144

New Principal Place of Business:

Current Mailing Address:

8300 EAGER ROAD
SUITE 700
ST. LOUIS, MO 63144

New Mailing Address:

FEI Number: 43-1823879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D
Name: CLEMENTS, ROBERT M
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: DCFO
Name: WILSON, BLAKE
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: MEEKS, GARY A
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: HAJDA, THOMAS A
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD
Name: TROTTER III, FRANCIS O
Address: 8300 EAGER ROAD
City-St-Zip: ST LOUIS, MO 63114

Title: VP
Name: AMATO, VINCENT F
Address: 501 RIVERSIDE AVENUE, 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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 A. HAJDA

S

04/27/2012

Electronic Signature of Signing Officer or Director

Date