

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002414

FILED
May 01, 2012
Secretary of State

Entity Name: MCCORMACK BARON SALAZAR, INC.

Current Principal Place of Business:

720 OLIVE STREET, SUITE 2500
SAINT LOUIS, MO 63101

New Principal Place of Business:

Current Mailing Address:

720 OLIVE STREET, SUITE 2500
SAINT LOUIS, MO 63101

New Mailing Address:

FEI Number: 43-1053637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: DP
Name: MCCORMACK, KEVIN J
Address: 720 OLIVE STREET, SUITE 2500
City-St-Zip: SAINT LOUIS, MO 63101

Title: DVS
Name: ZIMMERMAN, HILLARY B
Address: 720 OLIVE STREET, SUITE 2500
City-St-Zip: SAINT LOUIS, MO 63101

Title: VT
Name: HARTMANN, KIM
Address: 720 OLIVE STREET, SUITE 2500
City-St-Zip: SAINT LOUIS, MO 63101

Title: DV
Name: BENNETT, VINCENT R
Address: 720 OLIVE STREET, SUITE 2500
City-St-Zip: SAINT LOUIS, MO 63101

Title: DC
Name: BARON, RICHARD D
Address: 720 OLIVE STREET, SUITE 2500
City-St-Zip: SAINT LOUIS, MO 63101

Title: DV
Name: SALAZAR, TONY M
Address: 801 SOUTH GRAND AVENUE, SUITE 780
City-St-Zip: LOS ANGELES, CA 90017

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: HILLARY B. ZIMMERMAN

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date