

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005028

FILED
Mar 08, 2012
Secretary of State

Entity Name: INROADS, INC.

Current Principal Place of Business:

10 S BROADWAY, STE 300
SAINT LOUIS, MO 63102

New Principal Place of Business:

Current Mailing Address:

10 S BROADWAY, STE 300
SAINT LOUIS, MO 63102

New Mailing Address:

FEI Number: 62-0967197

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: DCEO
Name: HARPER, FOREST
Address: 10 S BROADWAY, STE 300
City-St-Zip: SAINT LOUIS, MO 63102

Title: DC
Name: MORRIS, MARLA
Address: 1095 AVENUE OF AMERICAS, 41ST FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: DS
Name: PACHECO, BARBARA
Address: 10 S BROADWAY, STE 300
City-St-Zip: SAINT LOUIS, MO 63102

Title: TCFO
Name: LLOYD, ANTHONY
Address: 10 S BROADWAY, STE 300
City-St-Zip: SAINT LOUIS, MO 63102

Title: D
Name: ABRAHAM, HARLAND
Address: 800 CONNECTICUT AVE, NW
City-St-Zip: WASHINGTON, DC 20006

Title: DVC
Name: PERRY, JEFFERY S
Address: 155 NORTH WACKER DR
City-St-Zip: CHICAGO, IL 60606

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY LLOYD

CFO

03/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date