

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001731

Entity Name: BUILD-A-BEAR FOUNDATION, INC.

Current Principal Place of Business:

415 S. 18TH ST
SUITE 200
ST. LOUIS, MO 63103

Current Mailing Address:

415 S. 18TH ST
SUITE 200
ST. LOUIS, MO 63103 US

FEI Number: 33-1007188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, ROSALIND
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title SECRETARY
Name KHOSLA, ANJALI
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title TREASURER
Name MUELLER, RAYMOND
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name SCHMITZ, ANNIE
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name FOLTZ, DAVE
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name POPPE, ED
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name KIMSEY, JEFF
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name KRETCHMAR, JENN
Address 415 S. 18TH ST
 SUITE 200
City-State-Zip: ST. LOUIS MO 63103

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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: ANJALI KHOSLA

SECRETARY

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERGER, JOEL
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name CLARK, MAXINE
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name STOUT, SHARI
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name SHARMA, MARIA
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name PARRY, ROGER
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103

Title DIRECTOR
Name FOSTER, SUSAN
Address 415 S. 18TH ST
SUITE 200
City-State-Zip: ST. LOUIS MO 63103