

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002037

Entity Name: THE LAWRENCE GROUP, INC.

Current Principal Place of Business:

319 NORTH 4TH STREET
STE 1000
ST LOUIS, MO 63102

Current Mailing Address:

319 NORTH 4TH STREET, STE 1000
ATTN: KIRK BAER
ST LOUIS, MO 63102

FEI Number: 43-1757709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.,SUITE A
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 PRES
Name SMITH, STEPHEN A
Address 319 NORTH 4TH ST., STE 1000
City-State-Zip: ST LOUIS MO 63102

Title VP
Name DOERNER, PAUL C
Address 319 NORTH 4TH ST., STE 1000
City-State-Zip: ST LOUIS MO 63102

Title SECR
Name OHLEMEYER, DAVID W
Address 319 NORTH 4TH ST., STE 1000
City-State-Zip: ST LOUIS MO 63102

Title ATRE
Name CONRAD, LAURA C
Address 319 NORTH 4TH ST., STE 1000
City-State-Zip: ST LOUIS MO 63102

Title VP
Name LOEWENSTEIN, LINDA S
Address 319 NORTH 4TH ST., STE 1000
City-State-Zip: ST LOUIS MO 63102

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: LAURA C. CONRAD

CFO

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date