

2014 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:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CONRAD

CFO

04/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date