

**2022 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           | DIRECTOR                         |
| Name            | SMITH, STEPHEN A                 |
| Address         | 319 NORTH 4TH STREET<br>STE 1000 |
| City-State-Zip: | ST LOUIS MO 63102                |
| Title           | SECRETARY                        |
| Name            | ROWBOTTOM, TIMOTHY P             |
| Address         | 319 NORTH 4TH STREET<br>STE 1000 |
| City-State-Zip: | ST LOUIS MO 63102                |
| Title           | PRESIDENT                        |
| Name            | SCHNAARE, MICHAEL C              |
| Address         | 319 NORTH 4TH STREET<br>STE 1000 |
| City-State-Zip: | ST LOUIS MO 63102                |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | TREASURER                        |
| Name            | CONRAD, LAURA C                  |
| Address         | 319 NORTH 4TH STREET<br>STE 1000 |
| City-State-Zip: | ST LOUIS MO 63102                |
| Title           | DIRECTOR                         |
| Name            | FISTER, NEAL A                   |
| Address         | 319 NORTH 4TH STREET<br>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

04/07/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date