

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000092

**Entity Name:** MAYER HOFFMAN MCCANN P.C.

**Current Principal Place of Business:**

700 WEST 47TH STREET  
SUITE 1100  
KANSAS CITY, MO 64112

**Current Mailing Address:**

700 WEST 47TH STREET  
SUITE 1100  
KANSAS CITY, MO 64112 US

**FEI Number:** 43-1947695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VP  
Name HOWARD, RICHARD  
Address 2301 DUPONT DRIVE  
SUITE 200  
City-State-Zip: IRVINE CA 92612

Title TREASURER, CFO  
Name MUNSCH, CHRISTOPHER  
Address 700 WEST 47TH STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64112

Title DIRECTOR  
Name STARR, STUART  
Address 10616 SCRIPPS SUMMIT COURT  
City-State-Zip: SAN DIEGO CA 92131

Title DIRECTOR  
Name WEBBER, JAY  
Address 350 MASSACHUSETTS AVENUE  
City-State-Zip: CAMBRIDGE MA 02139

Title PRESIDENT, CHAIRMAN  
Name BURCZYK, ANDREW C  
Address 700 WEST 47TH STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64112

Title SECRETARY  
Name MANN, WILLIAM D JR.  
Address 700 WEST 47TH STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64112

Title VP  
Name COMITO, JAMES  
Address 10616 SCRIPPS SUMMIT CT  
SUITE 100  
City-State-Zip: SAN DIEGO CA 92131

Title VP  
Name GRAGNANI, ANDREW  
Address 1065 AVENUE OF THE AMERICAS  
11TH FLOOR  
City-State-Zip: NEW YORK NY 10018

**Continues on page 2**

*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:** CHRISTOPHER MUNSCH

CFO

03/16/2017

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LORITZ, MICHAEL  
Address 700 WEST 47TH STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64112

Title DIRECTOR  
Name LAUER, LINDA  
Address 5100 POPLAR AVENUE, 30TH FLOOR  
City-State-Zip: MEMPHIS TN 38137

Title DIRECTOR  
Name HOPKINS, LAURIE  
Address 625 MARYVILLE CENTRE DRIVE,  
SUITE 200  
City-State-Zip: TOWN & COUNTRY MO 63141

Title DIRECTOR  
Name FARRIS, JOYCE  
Address 700 WEST 47TH STREET  
SUITE 1100  
City-State-Zip: KANSAS CITY MO 64112