## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005734

Entity Name: ENVOLVE VISION BENEFITS, INC.

**Current Principal Place of Business:** 

7700 FORSYTH BOULEVARD

SUITE 800

ST. LOUIS, MO 63105

**Current Mailing Address:** 

7700 FORSYTH BOULEVARD

SUITE 800

ST. LOUIS, MO 63105 US

FEI Number: 20-4730341 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

**FILED** Apr 13, 2017

**Secretary of State** 

CC6452455415

Officer/Director Detail:

DIRECTOR OF FINANCE Title Title VΡ

WINGFIELD, SCOTT Name Name HARROLD, JASON

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

ST. LOUIS MO 63105 ST. LOUIS MO 63105 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR** 

WINGFIELD, SCOTT LAVELY, DAVID Name Name

7700 FORSYTH BOULEVARD 7700 FORSYTH BOULEVARD Address Address SUITE 800

SUITE 800

ST. LOUIS MO 63105 City-State-Zip: City-State-Zip: ST. LOUIS MO 63105

Title ٧P Title DIRECTOR

SCHWANEKE, JEFFREY A. HARROLD, JASON M. Name Name

7700 FORSYTH BOULEVARD 7700 FORSYTH BOULEVARD Address Address

> SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX Title **TREASURER** 

Name DINKELMAN, TRICIA Name BAIOCCHI, SARAH

Address 7700 FORSYTH BOULEVARD 7700 FORSYTH BOULEVARD Address

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

## 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: TRICIA DINKELMAN

04/13/2017 VICE PRESIDENT OF TAX

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BAIOCCHI, SARAH Name LAVELY, DAVID M.

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105

Title ASSISTANT SECRETARY Title SECRETARY

Name BRADLEY-WELLS, KATHY Name WILLIAMSON, KEITH H.

Address 7700 FORSYTH BOULEVARD Address 7700 FORSYTH BOULEVARD

SUITE 800 SUITE 800

City-State-Zip: ST. LOUIS MO 63105 City-State-Zip: ST. LOUIS MO 63105