

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004625

Entity Name: CHARLES L. CRANE AGENCY COMPANY**Current Principal Place of Business:**100 N. BROADWAY, SUITE 900
ST. LOUIS, MO 63102**Current Mailing Address:**100 N. BROADWAY, SUITE 900
ST. LOUIS, MO 63102**FEI Number:** 43-1394059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYES STREET
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	P
Name	BERRA, THOMAS J JR
Address	100 N. BROADWAY, SUITE 900
City-State-Zip:	ST. LOUIS MO 63102

Title	S
Name	KARSTEN, JOEL
Address	100 N. BROADWAY, SUITE 900
City-State-Zip:	ST. LOUIS MO 63102

Title	T
Name	PURCELL, WILLIAM K
Address	100 N. BROADWAY, SUITE 900
City-State-Zip:	ST. LOUIS MO 63102

Title	C
Name	IMBS, R. CHRISTOPHER
Address	100 N. BROADWAY, SUITE 900
City-State-Zip:	ST. LOUIS MO 63102

Title	DIRECTOR
Name	BOSCHERT, DAVID
Address	100 N. BROADWAY, SUITE 900
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: JOEL KARSTEN**SECRETARY****03/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date