

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000043

Entity Name: DISTRIBUTION MANAGEMENT (MO), INC.**Current Principal Place of Business:**5 RESEARCH PARK DRIVE
ST. CHARLES, MO 63304**Current Mailing Address:**5 RESEARCH PARK DRIVE
ST. CHARLES, MO 63304 US**FEI Number: 43-0969193****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	CHAIRMAN
Name	FLEMING, THOMAS
Address	5 RESEARCH PARK DRIVE
City-State-Zip:	ST. CHARLES MO 63304

Title	VP
Name	FLEMING, SEAN
Address	5 RESEARCH PARK DRIVE
City-State-Zip:	ST. CHARLES MO 63304

Title	TREASURER
Name	HEBERER, KENNETH
Address	5 RESEARCH PARK DRIVE
City-State-Zip:	ST. CHARLES MO 63304

Title	SECRETARY
Name	NEWBOLD, ANN
Address	5 RESEARCH PARK DRIVE
City-State-Zip:	ST. CHARLES MO 63304

Title	PRESIDENT
Name	WELCHANS, GREG
Address	5 RESEARCH PARK DRIVE
City-State-Zip:	ST. CHARLES MO 63304

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: ANN NEWBOLD**SECRETARY****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date