

**2025 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: Yes**

**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 BAUGH, 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: WELCHANS , GREG**

**COMPLIANCE  
DEPARTMENT**

**01/04/2025**

Electronic Signature of Signing Officer/Director Detail

Date