

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001778

Entity Name: MAR-CONE APPLIANCE PARTS CO.**Current Principal Place of Business:**ONE CITY PLACE DRIVE
SUITE 400
ST. LOUIS, MO 63141**Current Mailing Address:**ONE CITY PLACE DRIVE
SUITE 400
ST. LOUIS, MO 63141 US**FEI Number:** 43-0728583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:** JIM SOUERS

03/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title AUTHORIZED SIGNER
Name BRUENNING, KURT
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title AUTHORIZED SIGNER
Name SATRAZEMIS, ASTERIOS
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name BRUENNING, KURT
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title CFO
Name BRUENNING, KURT
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title TREASURER
Name BRUENNING, KURT
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title SECRETARY
Name BRUENNING, KURT
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name SATRAZEMIS, ASTERIOS
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

Title PRESIDENT
Name SATRAZEMIS, ASTERIOS
Address ONE CITY PLACE DRIVE
SUITE 400
City-State-Zip: ST. LOUIS MO 63141

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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: ASTERIOS SATRAZEMIS

AUTHORIZED SIGNER

03/27/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CEO
Name	SATRAZEMIS, ASTERIOS
Address	ONE CITY PLACE DRIVE SUITE 400
City-State-Zip:	ST. LOUIS MO 63141