

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07503

**Entity Name:** BARRY-WEHMILLER DESIGN GROUP, INC.

**Current Principal Place of Business:**

8020 FORSYTH BLVD  
ST. LOUIS, MO 63105

**Current Mailing Address:**

ATTN CORINN GILLIAM  
8020 FORSYTH BLVD  
ST LOUIS, MO 63105 US

**FEI Number:** 43-1307784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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 VP, ASST. SECRETARY, DIRECTOR  
Name COONROD, GREGORY L  
Address 8020 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title MP, DIRECTOR  
Name WILHELM, JOSEPH D  
Address 8020 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER, ASST. SECRETARY,  
DIRECTOR  
Name ZACCARELLO, MICHAEL D  
Address 8020 FORSYTH BLVD  
City-State-Zip: ST LOUIS MO 63105

Title CHAIRMAN, CEO, PRESIDENT,  
DIRECTOR  
Name CHAPMAN, ROBERT H  
Address 8020 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title CHIEF PEOPLE OFFICER  
Name SPENCER, RHONDA R  
Address 8020 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECRETARY, DIRECTOR  
Name KUHN, WILLIAM T  
Address 8020 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

*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:** MICHAEL D ZACCARELLO

**TREASURER**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date