

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35497

Entity Name: NEWGROUND INTERNATIONAL, INC.**Current Principal Place of Business:**15450 SOUTH OUTER FORTY DRIVE
SE 300
CHESTERFIELD, MO 63017**Current Mailing Address:**15450 SOUTH OUTER FORTY DRIVE
SE 300
CHESTERFIELD, MO 63017 US**FEI Number:** 36-3729610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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	DIRECTOR
Name	KEATHLEY, SEAN
Address	3405 PIEDMONT ROAD NE
City-State-Zip:	ATLANTA GA 30305

Title	DIRECTOR
Name	ZAEGEL, CHARLES J.
Address	15450 SOUTH OUTER FORTY DRIVE SE 300
City-State-Zip:	CHESTERFIELD MO 63017

Title	DIRECTOR
Name	BLAIR, KEVIN J.
Address	15450 SOUTH OUTER FORTY DRIVE SE 300
City-State-Zip:	CHESTERFIELD MO 63017

Title	DIRECTOR
Name	GOLITZ, JOHN T
Address	415 WEST GOLF ROAD, #19
City-State-Zip:	ARLINGTON HEIGHTS IL 60005

Title	TREASURER
Name	ZAEGEL, CHARLES J.
Address	15450 SOUTH OUTER FORTY DRIVE SE 300
City-State-Zip:	CHESTERFIELD MO 63017

Title	SECRETARY
Name	ZAEGEL, CHARLES J.
Address	15450 SOUTH OUTER FORTY DRIVE SE 300
City-State-Zip:	CHESTERFIELD MO 63017

Title	PRESIDENT
Name	BLAIR, KEVIN J.
Address	15450 SOUTH OUTER FORTY DRIVE SE 300
City-State-Zip:	CHESTERFIELD MO 63017

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: CHARLES J. ZAEGEL**SECRETARY****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date