

Jason Kander Secretary of State
 2013 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 201324181542
 N00020340
 Date Filed: 08/29/2013
 Jason Kander
 Secretary of State

REPORT DUE BY: 08/31/2013

N00020340
ART ST. LOUIS
Merlo, Jennifer A.
7733 Forsyth Blvd. Fourth Floor
Clayton, MO 63105

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
1223 Pine Street
 STREET
St. Louis, MO **63103**
 CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address 1223 Pine Street St. Louis MO 63103
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u>	
<u>PRES</u>	Roy Kramer	<u>NAME</u>	Roy Kramer
STREET/RT	6 CityPlace Drive, Suite 900	STREET/RT	6 CityPlace Drive, Suite 900
CITY/STATE/ZIP	St. Louis, MO 63141	CITY/STATE/ZIP	St. Louis, MO 63141
V-PRES	Michael-John Voss	NAME	Michael-John Voss
STREET/RT	812 North Collins , Laclede's Landing	STREET/RT	812 North Collins, Laclede's Landing
CITY/STATE/ZIP	St Louis, MO 63102-2174	CITY/STATE/ZIP	St. Louis, MO 63102-2174
<u>SECY</u>	Claude Lyles	NAME	Claude Lyles
STREET/RT	10401 Clayton Road	STREET/RT	10401 Clayton Road
CITY/STATE/ZIP	Frontenac, MO 63131	CITY/STATE/ZIP	Frontenac, MO 63131
TREAS	NAME	David Stoeberl
STREET/RT	STREET/RT	120 S. Central Ave., Suite 1800
CITY/STATE/ZIP	CITY/STATE/ZIP	St. Louis, MO 63105

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Thomas Chandler Branch (Required)

Please print name and title of signer: Thomas Chandler Branch / Executive Director
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$10.00 If filed on or before 8/31
 ___ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

DIRECTOR

EARLINE BELL
1223 PINE STREET
ST. LOUIS, MO 63103