

John R. Ashcroft Secretary of State
2018 ANNUAL REGISTRATION REPORT
BUSINESS

001374121
Date Filed: 5/10/2018
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2018

001374121
Gregory and Jacobs Corp
MICHAEL GREGORY
7733 FORSYTH BLVD SUITE 1100
CLAYTON MO 63105

RENEWAL MONTH:
MAY
 I OPT TO CHANGE THE CORPORATION'S
RENEWAL MONTH TO FOR A \$25.00 FEE

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

7733 Forsyth Blvd (Required)
Suite 1100
STREET
Clayton MO 63105
CITY / STATE ZIP

2 **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 _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3 OFFICERS		BOARD OF DIRECTORS *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE DIRECTOR BELOW</u>	
<u>PRESIDENT</u>	<u>Gregory, Michael</u> STREET <u>7733 Forsyth Blvd</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>	<u>NAME</u>	<u>Logan, Markiesha</u> STREET <u>7733 Forsyth Blvd</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>
<u>SECRETARY</u>	<u>Gregory, Kimberly Holloway</u> STREET <u>7733 Forsyth Blvd</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>	<u>NAME</u>	<u>Gregory, Kimberly Holloway</u> STREET <u>7733 Forsyth Blvd</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>
<u>TREASURER</u>	<u>Logan, Markiesha</u> STREET <u>7733 Forsyth</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>	<u>NAME</u>	<u>Gregory, Michael J</u> STREET <u>7733 Forsyth Blvd</u> CITY/STATE/ZIP <u>Suite 1100</u> <u>Clayton MO 63105</u>
STREET _____		<u>NAME</u>	
CITY/STATE/ZIP _____		STREET _____	
		CITY/STATE/ZIP _____	
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 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 Michael J Gregory (Required)

Please print name and title of signer: Michael J Gregory / President
NAME TITLE

REGISTRATION REPORT FEE IS:
__ \$20.00 If filed on or before 8/31/2018
__ \$35.00 If filed on or before 9/30/2018
__ \$50.00 If filed on or before 10/31/2018
__ \$65.00 If filed on or before 11/30/2018
ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

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): _____