

**N00022375**  
**Date Filed: 6/29/2016**  
**Jason Kander**  
**Missouri Secretary of State**

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

REPORT DUE BY: 8/31/2016

**N00022375**  
**DISTRICT 15, AMERICAN CONTRACT BRIDGE LEAGUE**  
**JOHN GLAGOLA**  
**505 SUNSET**  
**BELTON MO 64012**

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>	
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *	
	2533 Hunt Club Court (Required)	
	STREET	
	Edmond OK	73034
	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.**

	OFFICERS		BOARD OF DIRECTORS	
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b><u>MUST LIST PRESIDENT AND SECRETARY BELOW</u></b>	<b>A</b>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b><u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u></b>	<b>B</b>
	<b><u>PRESIDENT</u></b> Volmert, Mel		<b><u>NAME</u></b> Volmert, Mel	
	STREET 4349 East Valley Rd.		STREET 4349 East Valley Rd	
	CITY/STATE/ZIP <u>Springfield MO 65809</u>		CITY/STATE/ZIP <u>Springfield MO 65809</u>	
	<b><u>SECRETARY</u></b> Harlan, Phyllis		<b><u>NAME</u></b> Robin, Henry	
	STREET 8804 North May Ave. #59		STREET 1406 SE Greystone	
3	CITY/STATE/ZIP <u>Oklahoma City OK 73120</u>		CITY/STATE/ZIP <u>Tulsa OK 74133</u>	
	<b><u>TREASURER</u></b> Harlan, Phyllis		<b><u>NAME</u></b> Glagola, John	
	STREET 8804 North May Ave. #59		STREET 505 SunsetLane	
	CITY/STATE/ZIP <u>Oklahoma City OK 73120</u>		CITY/STATE/ZIP <u>Belton MO 64012-1836</u>	
	STREET _____		<b><u>NAME</u></b> _____	
	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 576.060 RSMo. Photocopy or stamped signature not acceptable. \*

**Authorized party or officer sign here** Phyllis Harlan (Required)

**Please print name and title of signer:** Phyllis Harlan / Secretary

NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_\$10.00 If filed on or before 8/31/2016  
 \_\_\_\$15.00 If filed after 9/30/2016

Corporation will be administratively dissolved if report is not filed by 11/29/2017

**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): \_\_\_\_\_