

John R. Ashcroft Secretary of State
 2017-2018 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00061259
Date Filed: 6/22/2017
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2017

N00061259
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF
THE ST. LOUIS REGION
MARY M. KOGUT
4251 FOREST PARK AVE.
SAINT LOUIS MO 63108

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 *
4251 Forest Park Avenue (Required)
 STREET
St. Louis MO 63108
 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.

<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW A</p> <p><u>PRESIDENT</u> GREENBAUM, SHEILA STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108-2810</p> <p><u>SECRETARY</u> DUEL, ALISSA STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108-2810</p> <p><u>TREASURER</u> GOERISCH, DAVID STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108-2810</p> <p>STREET</p> <p>CITY/STATE/ZIP</p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW B</p> <p><u>NAME</u> MILLSTONE, COLLEEN STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108</p> <p><u>NAME</u> GREIMAN, GERRY STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108</p> <p><u>NAME</u> WILHELM, STEVE STREET 4251 FOREST PARK AVE</p> <p>CITY/STATE/ZIP ST LOUIS MO 63108</p> <p><u>NAME</u></p> <p>STREET</p> <p>CITY/STATE/ZIP</p>
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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 LINDA LOCKE (Required)

Please print name and title of signer: LINDA LOCKE / Assistant Secretary
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2017
 ___\$25.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2019

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): kristina.winkelman@ppslr.org