

John R. Ashcroft Secretary of State
 2018-2019 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00015282
Date Filed: 6/20/2018
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2018

N00015282
PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND
SOUTHWEST MISSOURI
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). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u> A</p> <p><u>PRESIDENT</u> Kogut, Mary M STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108</u></p> <p><u>SECRETARY</u> Turner, Jacqueline STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108-2810</u></p> <p><u>TREASURER</u> Wilhelm, Steve STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108</u></p> <p>STREET CITY/STATE/ZIP</p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u> B</p> <p><u>NAME</u> Sandweiss, Dana STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108</u></p> <p><u>NAME</u> Greenbaum, Sheila STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108</u></p> <p><u>NAME</u> Raclin, Linda STREET 4251 Forest Park Ave. CITY/STATE/ZIP <u>St. Louis MO 63108</u></p> <p><u>NAME</u> STREET 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 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here Kristina Winkelman (Required)

Please print name and title of signer: Kristina Winkelman / Other
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2018
 ___\$25.00 If filed after 9/30/2018

Corporation will be administratively dissolved if report is not filed by 11/29/2020

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