

John R. Ashcroft Secretary of State
 2019-2020 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00016150
Date Filed: 9/6/2019
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2019

N00016150
AMERICAN CONTRACT BRIDGE OF GREATER ST. LOUIS, INC.
LARRY LABRIER
9621 OLIVE BLVD PO BOX 8427
SAINT LOUIS MO 63132

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
 c/o Larry LaBrier (Required)
PO Box 8427
 STREET
St Louis MO 63132
 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	A	BOARD OF DIRECTORS	B
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
	<u>PRESIDENT</u> Boswell, Mark		<u>NAME</u> Boswell, Mark	
	STREET 16703 Kehrsgrrove Dr		STREET 16703 Kehrsgrrove Dr.	
	CITY/STATE/ZIP Clarkson Valley MO 63005		CITY/STATE/ZIP Chesterfield MO 63005	
	<u>SECRETARY</u> Abeln, Dennis		<u>NAME</u> Hastings, Lee	
	STREET 1009 Hollybend Dr		STREET 13000Pembroke Valley Ct.	
	CITY/STATE/ZIP Ballwin MO 63021		CITY/STATE/ZIP St. Louis MO 63141	
	STREET		<u>NAME</u> Abeln, Dennis	
	CITY/STATE/ZIP		STREET 1009 Hollybend Dr	
	STREET		CITY/STATE/ZIP Ballwin MO 63021	
	CITY/STATE/ZIP		<u>NAME</u>	
			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 Larry LaBrier (Required)

Please print name and title of signer: Larry LaBrier / Treasurer
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2019
 ___\$25.00 If filed after 9/30/2019

Corporation will be administratively dissolved if report is not filed by 11/29/2021

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): llabrier@uscgranite.com