

John R. Ashcroft Secretary of State
2023-2024 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00043882
Date Filed: 8/9/2023
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2023

N00043882
MISSOURI HOCKEY, INC.
DAVID SIVCOVICH
1855 BOWLES AVE., STE. 230
FENTON MO 63026

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
11648 Gravois Rd (Required)
STREET
Saint Louis MO 63126-3000
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). MUST LIST PRESIDENT AND SECRETARY BELOW **A** NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW **B**

<u>PRESIDENT</u> Culiberk, Pat STREET 11648 Gravois Road CITY/STATE/ZIP <u>St Louis MO 63126</u>	<u>NAME</u> Culiberk, Pat STREET 11648 Gravois Road CITY/STATE/ZIP <u>St Louis MO 63126</u>
<u>SECRETARY</u> Hellwig, Larry STREET 539 Southern Hills CITY/STATE/ZIP <u>Eureka MO 63025-3612</u>	<u>NAME</u> Sivcovich, David STREET 7809 Grove Ave CITY/STATE/ZIP <u>Shrewbury MO 63119</u>
<u>VICE PRESIDENT</u> Hayes, Jeff STREET 631 Londell Dr CITY/STATE/ZIP <u>Arnold MO 63010</u>	<u>NAME</u> Hellwig, Larry STREET 539 Southern Hills CITY/STATE/ZIP <u>Eureka MO 63025</u>
<u>TREASURER</u> Sivcovich, David STREET 7809 Grove Ave CITY/STATE/ZIP <u>Shrewsbury MO 63119</u>	<u>NAME</u> Hayes, Jeff STREET 631 Londell Drive CITY/STATE/ZIP <u>Arnold MO 63010</u>

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. *

Bobbye Blake (Required)

Please print name and title of signer: Bobbye Blake / Other
NAME TITLE

REGISTRATION REPORT FEE IS:
__ \$20.00 If filed on or before 8/31/2023
__ \$25.00 If filed after 9/30/2023

Corporation will be administratively dissolved if report is not filed by 11/29/2025

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): _____



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

N00043882
Date Filed: 8/28/2023
John R. Ashcroft
Missouri Secretary of State

Statement of Correction for a General Business or Nonprofit Corporation

1. The name of the business entity is MISSOURI HOCKEY, INC. Charter #: N00043882

2. The state/country under whose laws it was organized is: Missouri

3. Type of document being corrected (or filed copy attached):
Biennial Registration Report (8/9/2023)

4. The error is corrected as follows:

Officers

President

Chris Durso
3001 Victor St
St Louis, MO 63104

Vice President

Scott Smith
408 Keystone Dr
Fenton, MO 63026

Treasurer

Tom Woolf
4723 Blackhawk Dr
St Louis, MO 63123

Secretary

Larry Hellwig
539 Southern Hills Dr
Eureka, MO 63026
Board of Directors Are
Tom Woolf
4723 Blackhawk Dr
St Louis, MO 63123
Larry Hellwig
539 Southern Hills Dr
Eureka, MO 63026
Scott Smith
408 Keystone Dr

Name and address to return filed document:
Name: <u>David Sivcovich, CPA, PC</u>
Address: <u>Email: bblake@sivcovich.com</u>
City, State, and Zip Code: _____

Fenton, MO 63026
Chris Durso
3001 Victor St
St Louis, MO 63104

5. The reason for such correction is:
Was given wrong info when i filed.
-
6. Date original document was filed with the MO Secretary of State:
8/9/2023
-

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Bobbye Blake
Authorized Signature

BOBBYE BLAKE
Printed Name

Other
Title

08/28/2023
Date of Signature