



**John R. Ashcroft**  
**Secretary of State**  
**State of Missouri**

**ORDER SUMMARY**  
 August 16, 2019

**Order No:** 12212764

**Order Date:** 08/16/2019 05:01 PM

**Primary Filer:** DAVID SIVCOVICH CPA PC  
 1855 BOWLES AVE STE 230  
 FENTON MO 63026

**TOTAL DUE:** \$0.00

Product Description	Ship Via	Qty	Pgs	Unit	Extended	Amt Due
Biennial Registration Report Online (D)	Email	1	0	\$20.00	\$20.00	\$0.00

Regarding Entity: MISSOURI HOCKEY, INC.  
 Item No: ORI-08162019-2837

Convenience Fee				\$1.25	\$1.25	\$0.00
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**Order Total:** \$21.25 \$0.00

Payer	Type	Method	Reference	Amount
David Sivcovich CPA PC	Payment	Credit Card	4242 / Y426419Y	\$20.00
	Payment	Convenience Fees Collected by Payment Processor	4242	\$1.25
<b>Total Payments:</b>				\$21.25

Convenience fees are not assessed, collected or retained by the state.  
 Any questions about your order? Please visit [www.sos.mo.gov/business](http://www.sos.mo.gov/business) or call toll free (866) 223-6535.

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

**N00043882**  
**Date Filed: 8/16/2019**  
**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

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

ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>	
PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *	
<u>11648 Gravois Road</u> (Required)	
STREET	
<u>St. Louis</u> <u>MO</u> <u>63126</u>	
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). MUST LIST PRESIDENT AND SECRETARY BELOW		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
<b><u>PRESIDENT</u></b>	<u>Cullberk, Pat</u> <u>11648 Gravois Road</u> <u>St Louis MO 63126</u>	<b><u>NAME</u></b>	<u>Cullberk, Pat</u> <u>11648 Gravois Road</u> <u>St Louis MO 63126</u>
<b><u>SECRETARY</u></b>	<u>Hellwig, Larry</u> <u>539 Southern Hills</u> <u>Eureka MO 63025-3612</u>	<b><u>NAME</u></b>	<u>Sivcovich, David</u> <u>7809 Grove Ave</u> <u>Shrewbury MO 63119</u>
<b><u>VICE PRESIDENT</u></b>	<u>Hayes, Jeff</u> <u>631 Londell Dr</u> <u>Arnold MO 63010</u>	<b><u>NAME</u></b>	<u>Hellwig, Larry</u> <u>539 Southern Hills</u> <u>Eureka MO 63025</u>
<b><u>TREASURER</u></b>	<u>Sivcovich, David</u> <u>7809 Grove Ave</u> <u>Shrewsbury MO 63119</u>	<b><u>NAME</u></b>	<u>Hayes, Jeff</u> <u>631 Londell Drive</u> <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. \*

Authorized party or officer sign here: Rachel D Frank (Required)

Please print name and title of signer: Rachel D Frank / Other

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): rachel@sivcovich.com