

John R. Ashcroft Secretary of State
 2021-2022 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00043882
Date Filed: 8/17/2021
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2021

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

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

11648 Gravois Road (Required)

STREET
St. Louis MO 63126
 CITY / STATE ZIP

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). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	
	A		B
<u>PRESIDENT</u>	Culiberk, Pat 11648 Gravois Road STREET St Louis MO 63126 CITY/STATE/ZIP	<u>NAME</u>	Culiberk, Pat 11648 Gravois Road STREET St Louis MO 63126 CITY/STATE/ZIP
<u>SECRETARY</u>	Hellwig, Larry 539 Southern Hills STREET Eureka MO 63025-3612 CITY/STATE/ZIP	<u>NAME</u>	Sivcovich, David 7809 Grove Ave STREET Shrewsbury MO 63119 CITY/STATE/ZIP
<u>VICE PRESIDENT</u>	Hayes, Jeff 631 Londell Dr STREET Arnold MO 63010 CITY/STATE/ZIP	<u>NAME</u>	Hellwig, Larry 539 Southern Hills STREET Eureka MO 63025 CITY/STATE/ZIP
<u>TREASURER</u>	Sivcovich, David 7809 Grove Ave STREET Shrewsbury MO 63119 CITY/STATE/ZIP	<u>NAME</u>	Hayes, Jeff 631 Londell Drive STREET Arnold MO 63010 CITY/STATE/ZIP
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

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. *

4 Authorized party or officer sign here Rachel Frank (Required)

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

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 8/31/2021
 ___ \$25.00 If filed after 9/30/2021

Corporation will be administratively dissolved if report is not filed by 11/29/2023

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): _____