John R. Ashcroft Secretary of State 2020 ANNUAL REGISTRATION REPORT

BUSINESS

01372666 Date Filed: 4/21/2020 John R. Ashcroft Missouri Secretary of State

*	SECTION 1, 3 & 4 ARE	REQUIRED						
	REPORT DUE BY: 4/30/2020				RENEWAL MONTH	н:		
	01372666 Central States Water Resources, Inc.				☐ I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO FOR A \$25.00 FEE			
C T CORPORATION SYSTEM 120 SOUTH CENTRAL AVE						OF BUSINESS OR CORPORATE HEAD		
	CLAYTON MO 63105				500 Northwest Pl	aza Drive	(Required)	
					Suite 500			
					STREET Saint Ann MO	63074		
					CITY / STATE	ZIP		
	If changing the reg	istered agent and/or r	egistered office address, please	chec	k the appropriate bo	ox(es) and fill in the necessary inform	nation.	
	☐ The new registered agent							
2	IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.							
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	☐ 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 OFFICERS OFFICERS BOARD OF DIRECTORS *							
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW			4	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).			
	<u>PRESIDENT</u> Cox, Josiah M				<u>NAME</u>	Cox, Josiah M		
3	STREET	500 Northwest Plaza Drive Suite 500			STREET	500 Northwest Plaza Drive Suite 500		
	CITY/STATE/ZIP	St. Ann MO 63074			CITY/STATE/ZIP	St. Ann MO 63074		
	<u>SECRETARY</u>	Thomas, F. Todd 500 Northwest Plaza Drive Suite 500 St. Ann MO 63074 Thomas, F. Todd 500 Northwest Plaza Drive Suite 500 St. Ann MO 63074			<u>NAME</u>	Standen, Daniel J.		
	STREET				STREET	c/o Sciens Capital Mng., LLC 667 Madison Ave FL 3		
	CITY/STATE/ZIP				CITY/STATE/ZIP	New York NY 10065		
	<u>TREASURER</u>				<u>NAME</u>	Rooney, Tom		
	STREET				STREET	c/o Sciens Capital Mng., LLC 667 Madison Ave FL 3		
	CITY/STATE/ZIP				CITY/STATE/ZIP	New York NY 10065		
					<u>NAME</u>	Rigas, John		
	STREET				STREET	STREET 1135 Bowline Dr		
	CITY/STATE/ZIP	CITY/STATE/ZIP			CITY/STATE/ZIP	Vero Beach FL 32963		
	NAMES AND ADDRESSES OF ALL OT							
	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 James A Beckemeier					(Required)		
	Please print name and title of signer: James A Beckemeier				/	Other		
	. NAME			_	-	TITLE		
	REGISTRATION REPORT FEE IS: _\$20.00 If filed on or before 4/30/2020 _\$35.00 If filed on or before 5/31/2020 _\$50.00 If filed on or before 6/30/2020 _\$65.00 If filed on or before 7/31/2020 ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.				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			
					SKONIDED 12 20	POSECT TO PUBLIC DISCLUSURE		
	ADD AN ADDITIONAL \$25.00 FEE II CHANGING THE REVEWAL MONTH.				F MAIL ADDRESS (ODTIONAL).			
				1	E-MAIL ADDRESS (OPTIONAL):			