

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005292

Entity Name: PRIMARIS HOLDINGS, INC.**Current Principal Place of Business:**200 N. KEENE STREET, SUITE 101
COLUMBIA, MO 65201**Current Mailing Address:**200 N KEENE ST
COLUMBIA, MO 65201 US**FEI Number:** 47-1720773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HOLLOWAY, THOMAS L
Address	200 N KEENE STREET
City-State-Zip:	COLUMBIA MO 65201

Title	VP
Name	BOWLES, BRIAN
Address	200 N. KEENE STREET, SUITE 101
City-State-Zip:	COLUMBIA MO 65201

Title	SECRETARY
Name	MILLS, PATRICK J
Address	200 N. KEENE STREET, SUITE 101
City-State-Zip:	COLUMBIA MO 65201

Title	CFO
Name	KAPLAN, JOEL
Address	200 N. KEENE STREET, SUITE 101
City-State-Zip:	COLUMBIA MO 65201

Title	OTHER
Name	SWARENS, C C
Address	200 N. KEENE STREET, SUITE 101
City-State-Zip:	COLUMBIA MO 65201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL KAPLAN**CHIEF FINANCIAL
OFFICER****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date