

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003533

**Entity Name:** SOCIETY OF TRUST AND ESTATE PRACTITIONERS - U.S., INC.

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**4361277440CC**

**Current Principal Place of Business:**

270 W PEARL  
SUITE 103  
JACKSON, WY 83001

**Current Mailing Address:**

PO BOX 3070  
JACKSON, WY 83001 US

**FEI Number: 26-4520720**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name REIMER, CHRISTOPHER  
Address 270 W PEARL ST STE 103  
PO BOX 3070  
City-State-Zip: JACKSON WY 83001

Title DIRECTOR  
Name DAVIDSON, KATHARINE  
Address 12750 HIGH BLUFF DRIVE, SUITE 300  
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR  
Name SCZUDLO, PAUL  
Address 1925 CENTURY PARK EAST SUITE  
400  
City-State-Zip: LOS ANGELES CA 90067

Title SECRETARY  
Name KRIEGEL, STEPHANIE MOLL  
Address 1700 LINCOLN ST STE 4100  
City-State-Zip: DENVER CO 80203

Title DIRECTOR  
Name MCBRIDE, KATARINNA  
Address 270 W PEARL  
SUITE 103  
City-State-Zip: JACKSON WY 83001

Title DIRECTOR  
Name KELLOGG, JOSEPH  
Address 270 W PEARL  
SUITE 103  
City-State-Zip: JACKSON WY 83001

Title DIRECTOR  
Name WORRELL, MEGAN  
Address 270 W PEARL  
SUITE 103  
City-State-Zip: JACKSON WY 83001

Title TREASURER  
Name LINN, LEWIS  
Address 270 W PEARL  
SUITE 103  
City-State-Zip: JACKSON WY 83001

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHANIE MOLL KRIEGEL**

**SECRETARY**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date