

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006312

Entity Name: HEALTHSMART BENEFIT SOLUTIONS, INC.

Current Principal Place of Business:

222 W LAS COLINAS BLVD
STE 500 NORTH
IRVING, TX 75039

FILED
May 04, 2020
Secretary of State
7993301915CC

Current Mailing Address:

7700 FORSYTH BLVD
ST. LOUIS, MO 63105 US

FEI Number: 36-4099199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHRISTIANSON, PHILIP L
Address 222 W LAS COLINAS BLVD
 STE 500 NORTH
City-State-Zip: IRVING TX 75039

Title SECRETARY
Name BITTNER, SARAH A
Address 222 W LAS COLINAS BLVD
 STE 500 NORTH
City-State-Zip: IRVING TX 75039

Title ASST. SECRETARY
Name WINGER, VIKI
Address 222 W LAS COLINAS BLVD.
 STE. 500N
City-State-Zip: IRVING MO 63105

Title TREASURER, DIRECTOR
Name SCHWANEKE, JEFFREY A.
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name WILLIAMSON, KEITH H
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name HUNTER, JESSE
Address 7700 FORSYTH BLVD
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VP, TAX

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date