

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P35497

**FILED**  
**Apr 08, 2013**  
**Secretary of State**  
**CC0314553041**

**Entity Name:** BANK BUILDING CORPORATION

**Current Principal Place of Business:**

15450 SOUTH OUTER FORTY DRIVE  
CHESTERFIELD, MO 63017-2066

**Current Mailing Address:**

415 WEST GOLF ROAD  
SUITE 19  
ARLINGTON HEIGHTS, IL 60005 US

**FEI Number:** 36-3729610

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 CD  
Name GOLITZ, JOHN T.  
Address 415 WEST GOLF ROAD, #19  
City-State-Zip: ARLINGTON HEIGHTS IL

Title VD  
Name MANION, JR., ROBERT E  
Address 15450 SOUTH OUTER FARM RD  
City-State-Zip: CHESTERFIELD MO 63017

Title S  
Name ZAEGEL, CHARLES J  
Address 415 WEST GOLF ROAD, #19  
City-State-Zip: ARLINGTON HEIGHTS IL

Title TD  
Name ZAEGEL, CHARLES J.  
Address 15450 SOUTH OUTER FORM RD  
City-State-Zip: CHESTERFIELD MO 63017

Title PD  
Name BLAIR, KEVIN J  
Address 15450 SOUTH OUTER FORM RD  
City-State-Zip: CHESTERFIELD MO 63017

*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:** LISA BUCHANAN

**ACCOUNTING MANAGER** 04/08/2013

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

\_\_\_\_\_  
Date