

1.) CORPORATION NAME:

HOSPITAL DESIGNERS, INC.

DUE DATE: **12/31/2011**

SCC ID NO: **F0421570**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11330 OLIVE ST

CITY/ST/ZIP: SAINT LOUIS, MO 63141-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MATTHEW J WESTPHAL
TITLE: PRESIDENT
ADDRESS: 11330 OLIVE ST ROAD
CITY/ST/ZIP/CO: ST. LOUIS, MO 63141-

OFFICER

DIRECTOR

NAME: GARY ZHAOHUI
TITLE: VICE PRESIDENT
ADDRESS: 11330 OLIVE ST ROAD
CITY/ST/ZIP/CO: SAINT LOUIS, MO 63141-

OFFICER

DIRECTOR

NAME: FREDERICK SCOTT
TITLE: SECRETARY
ADDRESS: 11330 OLIVE ST ROAD
CITY/ST/ZIP/CO: ST LOUIS, MO 63141-

OFFICER

DIRECTOR

NAME: GARY S ANDERSON
TITLE: TREASURER
ADDRESS: 11330 OLIVE ST ROAD
CITY/ST/ZIP/CO: ST. LOUIS, MO 63141-

OFFICER

DIRECTOR

NAME: WILLIAM A WENDLAND
TITLE: DIRECTOR
ADDRESS: 11330 OLIVE ST ROAD
CITY/ST/ZIP/CO: ST. LOUIS, MO 63141-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MATTHEW J WESTPHAL
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MATTHEW J WESTPHAL,
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

12/15/2011
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.