

SCC eFile

2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

216515609

1.) CORPORATION NAME:

**Hellmuth, Obata & Kassabaum, P.C.**

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1421348**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 20,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 S. BROADWAY  
STE. 200

CITY/ST/ZIP: ST LOUIS, MO 63102

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.

|                 |                    |                                     |         |                                     |          |
|-----------------|--------------------|-------------------------------------|---------|-------------------------------------|----------|
|                 |                    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | PATRICK E MACLEAMY |                                     |         |                                     |          |
| TITLE:          | PRESIDENT          |                                     |         |                                     |          |
| ADDRESS:        | 211 N BROADWAY     |                                     |         |                                     |          |
|                 | STE 700            |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | ST LOUIS, MO 63102 |                                     |         |                                     |          |

|                 |                    |                                     |         |                                     |          |
|-----------------|--------------------|-------------------------------------|---------|-------------------------------------|----------|
|                 |                    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | WILLIAM K HELLMUTH |                                     |         |                                     |          |
| TITLE:          | SR. PRINCIPAL      |                                     |         |                                     |          |
| ADDRESS:        | 211 N BROADWAY     |                                     |         |                                     |          |
|                 | STE 700            |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | ST LOUIS, MO 63102 |                                     |         |                                     |          |

|                 |                    |                                     |         |                                     |          |
|-----------------|--------------------|-------------------------------------|---------|-------------------------------------|----------|
|                 |                    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | GARY W KUZMA       |                                     |         |                                     |          |
| TITLE:          | SECRETARY          |                                     |         |                                     |          |
| ADDRESS:        | 211 N BROADWAY     |                                     |         |                                     |          |
|                 | STE 700            |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | ST LOUIS, MO 63102 |                                     |         |                                     |          |

|                 |                     |                                     |         |                                     |          |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
|                 |                     | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME:           | THOMAS ROBSON       |                                     |         |                                     |          |
| TITLE:          | SR. PRINCIPAL       |                                     |         |                                     |          |
| ADDRESS:        | 211 N BROADWAY      |                                     |         |                                     |          |
|                 | STE 700             |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63102 |                                     |         |                                     |          |

|                 |                             |                                     |         |                          |          |
|-----------------|-----------------------------|-------------------------------------|---------|--------------------------|----------|
|                 |                             | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | CARL GALIOTO                |                                     |         |                          |          |
| TITLE:          | SR. PRINCIPAL               |                                     |         |                          |          |
| ADDRESS:        | 1065 AVENUE OF THE AMERICAS |                                     |         |                          |          |
|                 | 6TH FLOOR                   |                                     |         |                          |          |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10018          |                                     |         |                          |          |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | SUSAN KLUMPP WILLIAMS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SR. PRINCIPAL         |   |                                   |
| ADDRESS:        | 3223 GRACE ST. NW     |   |                                   |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20007  |   |                                   |

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/ PATRICK E MACLEAMY                              | PATRICK E MACLEAMY,                           | 4/26/2016 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE | 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.