

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

Tri-W Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1594714**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 KELLWOOD PKWY

CITY/ST/ZIP: CHESTERFIELD, MO 63017

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.

<p>NAME: KEITH A GRYP TITLE: SECRETARY ADDRESS: 600 KELLWOOD PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LUTHER J ROLLINS JR TITLE: ASST SECRETARY ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL M SAUNDERS TITLE: SVP/COO ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JILL GRANOFF TITLE: CHMN/PRES/CEO ADDRESS: 1441 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10018</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ADRIAN KOWALEWSKI TITLE: SVP/CFO/TREAS ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT M MANNIS TITLE: SVP/CHF HR OFF ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: BRANDI WILSON TITLE: VP/CONTROLLER ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD J UPBIN TITLE: VICE PRESIDENT ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY D SEIFERT TITLE: ASST SECRETARY ADDRESS: 600 KELLWOOD PKWY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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/ BRANDI WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRANDI WILSON, VP/CONTROLLER PRINTED NAME AND CORPORATE TITLE	7/31/2012 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.		