

John R. Ashcroft Secretary of State  
2021-2022 BIENNIAL REGISTRATION REPORT  
NONPROFIT

**N01342488**  
**Date Filed: 8/18/2021**  
**John R. Ashcroft**  
**Missouri Secretary of State**

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

\*  
SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: <u>8/31/2021</u>
---------------------------------

**N01342488**  
The St. Louis Workers' Education Society  
TONY PECINOVSKY  
2929 S. JEFFERSON  
ST. LOUIS MO 63118

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 3862 Tahquitz Dr (Required) StLWES C/O Don Giljum, Sec-Tres STREET St. Louis MO 63125-3412 CITY / STATE ZIP

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information. <input type="checkbox"/> The new registered agent IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT. <input checked="" type="checkbox"/> The new registered office address <u>8780 Big Bend Blvd Ste F Saint Louis MO 63119-3779</u> Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.
---	--

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	B
3	<u>PRESIDENT</u> Pecinovsky, Tony STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>SECRETARY</u> Giljum, Donald STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>VICE PRESIDENT</u> Thompson, Zenobia STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>TREASURER</u> Giljum, Donald STREET 3862 Tahquitz Dr. CITY/STATE/ZIP St. Louis MO 63125-3412		<u>NAME</u> Thompson, Zenobia STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>NAME</u> Giljum, Donald STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>NAME</u> Pecinovsky, Tony STREET 2929 S. Jefferson Ave. CITY/STATE/ZIP St. Louis MO 63118 <u>NAME</u> Neal, Al STREET 4477 Itaska Ave. CITY/STATE/ZIP St. Louis MO 63116	
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *	
	Authorized party or officer sign here	Lori L Strawbridge CPA (Required)
	Please print name and title of signer:	Lori L Strawbridge CPA / Other
	NAME	TITLE

REGISTRATION REPORT FEE IS: __ \$20.00 If filed on or before 8/31/2021 __ \$25.00 If filed after 9/30/2021  Corporation will be administratively dissolved if report is not filed by 11/29/2023
---

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**  
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102