

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

<input type="text"/> REPORT DUE BY: <u>8/31/2021</u>		ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>																																																									
N01342488 The St. Louis Workers' Education Society TONY PECINOVSKY 2929 S. JEFFERSON ST. LOUIS MO 63118		PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * <u>3862 Tahquitz Dr</u> (Required) 1 <u>StLWES C/O Don Giljum, Sec-Tres</u> STREET <u>St. Louis MO 63125-3412</u> CITY / STATE <u>ZIP</u>																																																									
<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p>2 <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></p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p> <table border="1"> <tr> <td colspan="2"> OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW </td> <td colspan="2"> BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW </td> </tr> <tr> <td><u>PRESIDENT</u></td> <td><u>Pecinovsky, Tony</u></td> <td><u>NAME</u></td> <td><u>Thompson, Zenobia</u></td> </tr> <tr> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> </tr> <tr> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> </tr> <tr> <td><u>SECRETARY</u></td> <td><u>Giljum, Donald</u></td> <td><u>NAME</u></td> <td><u>Giljum, Donald</u></td> </tr> <tr> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> </tr> <tr> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> </tr> <tr> <td><u>VICE PRESIDENT</u></td> <td><u>Thompson, Zenobia</u></td> <td><u>NAME</u></td> <td><u>Pecinovsky, Tony</u></td> </tr> <tr> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> <td>STREET</td> <td><u>2929 S. Jefferson Ave.</u></td> </tr> <tr> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63118</u></td> </tr> <tr> <td><u>TREASURER</u></td> <td><u>Giljum, Donald</u></td> <td><u>NAME</u></td> <td><u>Neal, Al</u></td> </tr> <tr> <td>STREET</td> <td><u>3862 Tahquitz Dr.</u></td> <td>STREET</td> <td><u>4477 Itaska Ave.</u></td> </tr> <tr> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63125-3412</u></td> <td>CITY/STATE/ZIP</td> <td><u>St. Louis MO 63116</u></td> </tr> <tr> <td colspan="4">NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</td> </tr> </table>				OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW		<u>PRESIDENT</u>	<u>Pecinovsky, Tony</u>	<u>NAME</u>	<u>Thompson, Zenobia</u>	STREET	<u>2929 S. Jefferson Ave.</u>	STREET	<u>2929 S. Jefferson Ave.</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	<u>SECRETARY</u>	<u>Giljum, Donald</u>	<u>NAME</u>	<u>Giljum, Donald</u>	STREET	<u>2929 S. Jefferson Ave.</u>	STREET	<u>2929 S. Jefferson Ave.</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	<u>VICE PRESIDENT</u>	<u>Thompson, Zenobia</u>	<u>NAME</u>	<u>Pecinovsky, Tony</u>	STREET	<u>2929 S. Jefferson Ave.</u>	STREET	<u>2929 S. Jefferson Ave.</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	CITY/STATE/ZIP	<u>St. Louis MO 63118</u>	<u>TREASURER</u>	<u>Giljum, Donald</u>	<u>NAME</u>	<u>Neal, Al</u>	STREET	<u>3862 Tahquitz Dr.</u>	STREET	<u>4477 Itaska Ave.</u>	CITY/STATE/ZIP	<u>St. Louis MO 63125-3412</u>	CITY/STATE/ZIP	<u>St. Louis MO 63116</u>	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			
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<p>3 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. *</p>																																																											
4 <input type="text"/> Authorized party or officer sign here		<u>Lori L Strawbridge CPA</u> (Required)																																																									
Please print name and title of signer:		<u>Lori L Strawbridge CPA</u>	/ Other NAME <u> </u> TITLE <u> </u>																																																								
REGISTRATION REPORT FEE IS: <u>\$20.00</u> If filed on or before 8/31/2021 <u>\$25.00</u> If filed after 9/30/2021		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																																																									
Corporation will be administratively dissolved if report is not filed by 11/29/2023 E-MAIL ADDRESS (OPTIONAL): _____																																																											