

John R. Ashcroft Secretary of State  
 2017 ANNUAL REGISTRATION REPORT  
 BUSINESS

230

**001366613**  
**Date Filed: 9/15/2017**  
**John R. Ashcroft**  
**Missouri Secretary of State**

Exhibit No. 230  
 Date 11-28-2017 Reporter Stewart  
 File No. WR-2017-0259

FILED  
 December 7, 2017  
 Data Center  
 Missouri Public  
 Service Commission

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 9/30/2017

**001366613**  
 Indian Hills Utility Holding Company, Inc.  
 C T CORPORATION SYSTEM  
 120 SOUTH CENTRAL AVE  
 CLAYTON MO 63105

RENEWAL MONTH:  
 JUNE  
 I OPT TO CHANGE THE CORPORATION'S  
 RENEWAL MONTH TO JANUARY FOR A \$25.00 FEE

1  
 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*  
 500 Northwest Plaza Drive Ste. 500 (Required)  
 STREET  
 St. Ann MO 63074  
 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.  
 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.  
 The new registered office address  
 Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3  

<p style="text-align: center;"><b>OFFICERS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b>MUST LIST PRESIDENT AND SECRETARY BELOW</b></p> <p><b>PRESIDENT</b> Cox, Josiah M.                  500 Northwest Plaza Drive, Ste. 500                  STREET                  CITY/STATE/ZIP St. Ann MO 63074</p> <p><b>SECRETARY</b> Glarner, Robert B. Jr.                  1701 Macklind Avenue                  STREET                  CITY/STATE/ZIP St. Louis MO 63110</p> <p><b>TREASURER</b> Glarner, David P.                  1701 Macklind Avenue                  STREET                  CITY/STATE/ZIP St. Louis MO 63110</p> <p>STREET                  CITY/STATE/ZIP</p>	<b>A</b>	<p style="text-align: center;"><b>BOARD OF DIRECTORS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  <b>MUST LIST AT LEAST ONE DIRECTOR BELOW</b></p> <p><b>NAME</b> Glarner, David P.                  1701 Macklind Avenue                  STREET                  CITY/STATE/ZIP St. Louis MO 63110</p> <p><b>NAME</b> Cox, Josiah M.                  500 Northwest Plaza Drive, Ste. 500                  STREET                  CITY/STATE/ZIP St. Ann MO 63074</p> <p><b>NAME</b> Glarner, Robert B. Jr.                  1701 Macklind Avenue                  STREET                  CITY/STATE/ZIP St. Louis MO 63110</p> <p><b>NAME</b>                  STREET                  CITY/STATE/ZIP</p>	<b>B</b>
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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 576.060 RSMo. Photocopy or stamped signature not acceptable. \*  
 Authorized party or officer sign here James A. Beckemeier (Required)  
 Please print name and title of signer: James A. Beckemeier / Other  
 NAME TITLE

REGISTRATION REPORT FEE IS:  
 \_\_\_\$20.00 If filed on or before 9/30/2017  
 \_\_\_\$35.00 If filed on or before 10/31/2017  
 \_\_\_\$50.00 If filed on or before 11/30/2017  
 \_\_\_\$65.00 If filed on or before 12/31/2017  
 ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

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): \_\_\_\_\_