

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

01372666
Date Filed: 3/20/2017
John R. Ashcroft
Missouri Secretary of State

Exhibit No. 237
 Date 11-08-2017 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: 4/30/2017

01372666
 Central States Water Resources, Inc.
 CT CORPORATION SYSTEM
 120 SOUTH CENTRAL AVE
 CLAYTON MO 63105

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

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
 500 Northwest Plaza Drive (Required)
 Suite 500
 STREET
 Saint Ann MO 63074
 CITY / STATE ZIP

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.

<p>OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW</p> <p>PRESIDENT Cox, Josiah M STREET 500 Northwest Plaza Drive Suite 500 CITY/STATE/ZIP St. Ann MO 63074</p> <p>SECRETARY Glarner, Robert B Jr STREET 1701 Macklind Ave CITY/STATE/ZIP St. Louis MO 63110</p> <p>TREASURER Glarner, P David STREET 1701 Macklind Ave CITY/STATE/ZIP St. Louis MO 63110</p> <p>STREET CITY/STATE/ZIP</p>	A	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE DIRECTOR BELOW</p> <p>NAME Glarner, Robert B Jr STREET 1701 Macklind Ave CITY/STATE/ZIP St. Louis MO 63110</p> <p>NAME Glarner, P David STREET 1701 Macklind Ave CITY/STATE/ZIP St. Louis MO 63110</p> <p>NAME Cox, Josiah M STREET 500 Northwest Plaza Drive Suite 500 CITY/STATE/ZIP St. Ann MO 63074</p> <p>NAME STREET CITY/STATE/ZIP</p>	B
--	----------	--	----------

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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.

4 **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 4/30/2017
 ___\$35.00 If filed on or before 5/31/2017
 ___\$50.00 If filed on or before 6/30/2017
 ___\$65.00 If filed on or before 7/31/2017
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): _____