

John R. Ashcroft Secretary of State  
2017 ANNUAL REGISTRATION REPORT

BUSINESS

**001366614**  
**Date Filed: 9/15/2017**  
**John R. Ashcroft**  
**Missouri Secretary of State**

Exhibit No. 225  
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

001366614  
Indian Hills Utility Operating Company, Inc.  
CT 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

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

500 Northwest Plaza Drive Ste. 500 (Required)

1

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.

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 ONE DIRECTOR BELOW	
A		B	
<u>PRESIDENT</u>	Cox, Josiah M. 500 Northwest Plaza Drive, Ste. 500 STREET St. Ann MO 63074 CITY/STATE/ZIP	<u>NAME</u>	Glarner, Robert B. Jr. 1701 Macklind Avenue STREET St. Louis MO 63110 CITY/STATE/ZIP
<u>SECRETARY</u>	Glarner, Robert B. Jr. 1701 Macklind Avenue STREET St. Louis MO 63110 CITY/STATE/ZIP	<u>NAME</u>	Glarner, David P. 1701 Macklind Avenue STREET St. Louis MO 63110 CITY/STATE/ZIP
<u>TREASURER</u>	Glarner, David P. 1701 Macklind Avenue STREET St. Louis MO 63110 CITY/STATE/ZIP	<u>NAME</u>	Cox, Josiah M. 500 Northwest Plaza Drive, Ste. 500 STREET St. Ann MO 63074 CITY/STATE/ZIP
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): \_\_\_\_\_