



**John R. Ashcroft**  
 Secretary of State  
**State of Missouri**  
 600 W. Main • PO Box 1276  
 Jefferson City, MO 65102

## ANNUAL REGISTRATION REPORT

*Form FTC-03*

### General Instructions

This form is for use by family trust companies and foreign family trust companies in applying for renewal of their registration.

The annual registration report must be completed on this form and signed under penalty of perjury by the authorized representative as that term is defined in section 362.1015, RSMo. The authorized representative may designate a correspondent or legal representative to correspond with the secretary for the purpose of inquiries and requests for information regarding the annual registration report. The duty to ensure that all information provided in the annual registration report is complete, correct, and true, remains with the authorized representative.

All statutes, rules, and forms relating to family trust companies and foreign family trust companies, are available at the Office of Secretary of State’s website: <http://www.sos.mo.gov>.

Attach additional pages as necessary to complete the information required by this form, identifying the question(s) to which the additional pages pertain. Each annual registration report must be accompanied by the applicable nonrefundable filing fee (indicated below), made payable to “Secretary of State”.

Family Trust Companies	\$1,000.00
Foreign Family Trust Companies	\$1,000.00

Upon completion of the annual registration report, submit the form, along with the applicable nonrefundable fee to:

Secretary of State  
 Securities Division  
 600 W. Main Street  
 PO Box 1276  
 Jefferson City, MO 65102

- The nonrefundable \$1,000 annual filing fee, made payable to “Secretary of State”, is provided with this annual registration report for deposit into the Family Trust Company Fund.

The annual registration report must be submitted to the secretary within 60 days after the end of the calendar year. The annual registration report will not be deemed to be filed until all the information required by this form, along with the applicable filing fee has been provided to the secretary.

**1. Company Information**

Family Trust Company

Foreign Family Trust Company

Company Name: \_\_\_\_\_

**2. Street Address of Principal Place of Business or Operations (as applicable)**

Has there been a change in the company's principal place of business or operations since the end of the prior calendar year?

Yes

No

If the answer is "yes," please provide the following information.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Facsimile Number (if applicable): \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

**3. Authorized Representative**

Has there been a change in the company's authorized representative since the end of the prior calendar year?

Yes

No

If the answer is "yes," please provide the following information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address Line: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Facsimile Number (if applicable): \_\_\_\_\_

#### 4. Name and Street Address of Registered Agent in Missouri

Has there been a change in the company's registered agent since the end of the prior calendar year?

Yes       No

If the answer is "yes," please provide the following information.

Name of Registered Agent: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Missouri      Postal Code: \_\_\_\_\_

#### 5. Deposit Account

Has the company changed depository institutions since the end of the prior calendar year?

Yes       No

If the answer is "yes," please provide the following information regarding the state-chartered or nationally-chartered financial institution with a principal or branch office in this state, where the family trust company or foreign family trust company maintains its deposit account in accordance with section 362.1035, RSMo.

Name of the institution: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Missouri      Postal Code: \_\_\_\_\_

**6. Information Specific to Family Trust Companies**

(a) Have there been any changes to the family trust company’s operations, principal place of business, directors, officers, managers, members acting in a managerial capacity, or designated relative since the end of the prior calendar year?

- Yes                       No

If the answer is “yes,” please describe the changes in detail. Attach additional sheets as necessary.

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(b) Does the family trust company’s capital account meet the requirements of sections 362.1035 and 362.1070 RSMo.?

- Yes                       No

## 7. Information Specific to Foreign Family Trust Companies

- (a) Has the telephone number or the physical location of the foreign family trust company's principal place of business in the jurisdiction where it is incorporated or organized changed since the end of the prior calendar year?

Yes  No

If the answer is "yes," please provide the current telephone number and street address of the physical location of the foreign family trust company's principal place of business in the jurisdiction where it is incorporated or organized.

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- (b) Has there been a change to the foreign family trust company's supervisory or regulatory authority in the jurisdiction where it is incorporated or organized, including telephone number and address, since the end of the prior calendar year?

Yes  No

If the answer is "yes," please provide the name, address, and telephone number of the foreign family trust company's supervisory or regulatory authority in the jurisdiction where it is incorporated or organized:

Name of Authority: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- (c) Attach a certified copy of a certificate of good standing, or an equivalent document, issued by the licensing official or agency in the jurisdiction where the foreign family trust company is incorporated or organized, along with: (a) a description of the services the foreign family trust company is authorized to provide in the jurisdiction where it is incorporated or organized and the services it provides; and (b) a description of the types of persons or entities to whom the foreign family trust company is authorized to provide services in the jurisdiction where it is incorporated or organized and an identification of the types or persons or entities to whom the company is providing services in the jurisdiction where it is incorporated or organized.
- (d) If the company's articles of organization or articles of incorporation, or bylaws or operating agreement, have been amended and/or restated, please attach a copy of such amended and/or restated documents.

**CERTIFICATION**

I, the undersigned authorized representative of the

\_\_\_\_\_ Family Trust Company named herein, hereby affirm, under penalty of perjury, that I am authorized to make this annual registration report on behalf of the Family Trust Company named herein; that I have read the foregoing annual registration report and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the Family Trust Company’s operations are in compliance with the provisions of sections 362.1010 to 362.1117, RSMo., and with applicable federal laws, including, but not limited to anti-money laundering and customer identification rules or regulations, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this annual registration report may be deemed sufficient cause for the secretary to refuse to renew the registration.

\_\_\_\_\_ Foreign Family Trust Company named herein, hereby affirm, under penalty of perjury, that I am authorized to make this annual registration report on behalf of the Foreign Family Trust Company named herein; that I have read the foregoing annual registration report and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the Foreign Family Trust Company’s operations are in compliance with the provisions of sections 362.1010 to 362.1117, RSMo., with the family trust company laws and regulations of the jurisdiction where it is incorporated or organized, and with applicable federal laws, including, but not limited to anti-money laundering and customer identification rules or regulations; and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this annual registration report may be deemed sufficient cause for the secretary to refuse to renew the registration.

Signature of Authorized Representative: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who  is personally known to me or who  produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

NOTARY SEAL: