

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

60 APR 29 AM 9:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 803438

1. Corporation Name
ANHEUSER-BUSCH, INCORPORATED



Principal Place of Business ATTN: CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST LOUIS MO 63118	Mailing Address ATTN: CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST LOUIS MO 63118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1929	
21 Suits, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 43-0161000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMEISTER, JAMES F	1.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	1.3 STREET ADDRESS	Schedule Attached
CITY-ST-ZIP	ST LOUIS, MO 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, PATRICK	2.2 NAME	100002859651
STREET ADDRESS	ONE BUSCH PLACE	2.3 STREET ADDRESS	-04/30/99--01148--001
CITY-ST-ZIP	ST LOUIS, MO 00000	2.4 CITY-ST-ZIP	***2850.00 ****150.00
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOBETH G.	3.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, JERRY E.	4.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	4.4 CITY-ST-ZIP	
TITLE	CCO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, AUGUST A. III	5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, GERHARDT A.	6.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 00000	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment thereto, with all other like empowered.

SIGNATURE: John DerCastagno, Controller 1/28/99 314/577-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)