


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90505 001 *2,700.00

DOCUMENT # F0000006103

1. Entity Name
CIVIC CENTER CORPORATION



Principal Place of Business
**ONE BUSCH PLACE
ATTN: CORP. TAX DEPT.
ST. LOUIS MO 63118**

Mailing Address
**ONE BUSCH PLACE
ATTN: CORP. TAX DEPT.
ST. LOUIS MO 63118**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **43-1231430**

Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUSCH, AUGUST A III	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO 63118	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, W. RANDOLPH	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO 63118	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	REEVES, LAURA H	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO 63118	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KIMMINS, WILLIAM J JR.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO 63118	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SAUERHOFF, DAVID C	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO 63118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEDULE ATTACHED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura H Reeves* **LAURA H REEVES** SECRETARY
 DATE: **JAN 17 2003** 314/577-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Officers and Directors

Attachment
5503034

F80000006103

Civic Center Corporation

Principal Place of
Business:

One Busch Place
St. Louis, MO 63118

Officer

August A. Busch III
W. Randolph Baker
Laura H. Reeves
William J. Kimmins Jr.
David C. Sauerhoff

Title
President
Vice President
Vice President and Secretary
Vice President and Treasurer
Assistant Treasurer

Director

W. Randolph Baker
William J. Kimmins Jr.
Laura H. Reeves

Title
Director
Director
Director