

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95000001694 (7)**  
 1. Corporation Name  
**ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORPORATIO  
 N III**



Principal Place of Business <b>ONE BUSCH PL. ST. LOUIS MO 63118</b>	Mailing Address <b>ONE BUSCH PL. ST. LOUIS MO 63118</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/07/1995</b>	
21	Suite, Apt. #, etc.	26	Corporate Tax Dept.	4. FEI Number <b>43-1599263</b>	Applied For Not Applicable
22	City & State	27	One Busch Place	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	St. Louis, MO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	63118	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMEISTER, JAMES F</b>	1.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VI</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDISON, BRUCE M</b>	2.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, LAURA H</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELSCH, DAVID C</b>	4.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORT, ANTHONY J</b>	5.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WUNDERLICH, ALBERT R</b>	6.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	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 with an address.

SIGNATURE: \_\_\_\_\_ 3/5/98 314-577-2359

CR2E034 (10/97)

**ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORPORATION III**

(Business Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

James F. Hoffmeister	President
Bruce M. Sandison	Vice President and Treasurer
Laura H. Reeves	Secretary
Lisa A. Joley	Assistant Secretary
Anthony J. Short	Assistant Treasurer
John D. Castagno	Tax Controller

**DIRECTORS**

Bruce M. Sandison  
James F. Hoffmeister  
Lisa A. Joley

Effective 4/16/97