

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J26420

(6)

1. Corporation Name

ILH COMPANY



Principal Place of Business

Mailing Address

C/O CORPORATE TAX DEPARTMENT
ONE BUSCH PLACE
ST. LOUIS MO 63118

C/O CORPORATE TAX DEPARTMENT
ONE BUSCH PLACE
ST. LOUIS MO 63118

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/30/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2717181

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

1. TITLE	S	☐ DELETE
2. NAME	REEVES, LAURA H.	
3. STREET ADDRESS	ONE BUSCH PLACE	
4. CITY-STATE-ZIP	ST. LOUIS MO	
1. TITLE	P	☐ DELETE
2. NAME	MARTZ, JOHN C.	
3. STREET ADDRESS	ONE BUSCH PLACE	
4. CITY-STATE-ZIP	ST. LOUIS MO	
1. TITLE	T	☐ DELETE
2. NAME	THAYER, GERALD C.	
3. STREET ADDRESS	ONE BUSCH PLACE	
4. CITY-STATE-ZIP	ST. LOUIS MO	
1. TITLE	AT	☐ DELETE
2. NAME	HILL, RICHARD N.	
3. STREET ADDRESS	ONE BUSCH PLACE	
4. CITY-STATE-ZIP	ST. LOUIS MO	
1. TITLE	TC	☐ DELETE
2. NAME	WUNDERLICH, ALBERT R	
3. STREET ADDRESS	ONE BUSCH PLACE	
4. CITY-STATE-ZIP	ST. LOUIS MO	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-STATE-ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-STATE-ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-STATE-ZIP	

Schedule Attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Laura Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura H. Reeves, Secretary

2/8/96

314-577-2359

Date

Office Phone #

CR2E034 (12/95)

ILH COMPANY

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

OFFICERS

John C. Martz, Jr.	President
Laura H. Reeves	Secretary
William J. Kimmins	Treasurer
Richard N. Hill	Assistant Treasurer and Assistant Secretary
Albert R. Wunderlich	Tax Controller
John D. Castagno	Assistant Tax Controller

DIRECTOR

William L. Rammes

Effective 5/16/95