## **2000 UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # J26420 1. Entity Name

#### ILH COMPANY

C/O CORPORATE TAY DEPARTMENT

Principal Place of Business

Mailing Address

C/O CORPORATE TAY DEPARTMENT

**FILED** Apr 26, 2000 8:00 am Secretary of State 04-26-2000 90414 001 \*2,850.00

ONE BUSCH PL ST. LOUIS MO	ACE	III MEIN	ONE BUSCH PLACE ST. LOUIS MO 63118-1849				• • • • • • • • • • • • • • • • • •	, , , ,		######################################	
2. Principal P	lace of Busir	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SP	ACE		
City & State	е		City & State			4. 6	4. FEI Number 59-2717181 Applied For Not Applicable				
Zip	o Country		Zip	ip Country		5. (	5. Certificate of Status Desired   \$8.7 Fee F			itional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (BO, Boy Number in Not Acceptable)						
					Street A	ddress (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324											
					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.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. This corpo	oration is eliq	ble to satisfy its Intangible	FILE NOW!	IS \$150.0	10	5, 1, 0, 1, 5, 1,		4= 4			
		ind elects to do so.	1 -	After MAY 1, 2000 Fee will be \$550.00			<ol> <li>Election Campaign Financial</li> <li>Trust Fund Contribution.</li> </ol>	ng 🗀		May Be to Fees	
(See criter	ria on back)	ⅎ	Make Check Payab	Make Check Payable to De		of State	Trast rana contribution.		Audeu	to rees	
11. OFFICERS AND DIRECTORS 12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	S		☐ Delete	TITL	E			[	Change	☐ Addition	
NAME	REEVES, LAURA H.			, NAM	1E						
STREET ADDRESS		CH PLACE		STREET ADDRESS		·	·				
CITY-ST-ZIP	ST. LOUIS	S MO		CITY-ST-							
TITLE			☐ Delete		TITLE			[	Change	☐ Addition	
NAME	MARTZ, JOHN C.			NAM							
STREET ADDRESS					EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	O1. EOOIO IIIO					4.00				<u></u>	
TITLE					E .	AT Change Addi					
NAME STREET ADDRESS				NAM	eet address	SAUERHOFF, DAVID C ONE BUSCH PLACE					
CITY-ST-ZIP					-ST-ZIP	ST LOUIS MO 63118					
	AT	INIO	ПК ъ	_		TC			- Changa	Addition	
TITLE NAME	INI DIGITADO N		TITLI			TC CASTAGNO, JOHN D			L_J Addition		
STREET ADDRESS	****			- 1	eet address i	ONE BUSCH PLACE					
CITY-ST-ZIP				1	-ST-ZIP	ST LOUIS MO 63118					
TITLE	TC		□ Delete	TITL	 F	D	<del></del>	Г	X Change	Addition	
NAME	LA DOUGLE			NAM		1 <sup>2</sup>					
STREET ADDRESS				ET ADDRESS	RAMMES, WILLIAM L ONE BUSCH PLACE						
CITY-ST-ZIP					-ST-ZIP	ST LOU	IS MO 63118				
TITLE	T		☐ Delete	TITL	E			[	Change	Addition	
NAME	KIMMINS,	WILLIAM J.		NAM	E					]	
STREET ADDRESS	ONE BUS	CH PLACE		STRE	ET ADDRESS						
CITY-ST-ZIP	ST. LOUIS	MO 63118		CITY	-ST-ZiP						
13. I hereby c	ertify that the	information supplied with	this filing does not qualify for	r the exe	mption stat	ed in Section	119.07(3)(i), Florida Statutes. I furth	ner certify	that the in	formation	

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

**SIGNATURE** 

John D. Castagno, Tax Controller

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 314/577-7996

#### **Officers and Directors**

### **ILH Company**

Principal Place of Business:

One Busch Place St. Louis, MO 63118

<u>Officer</u>

John C. Martz Jr. Laura H. Reeves

William J. Kimmins Jr.

David C. Sauerhoff John D. Castagno

<u>Title</u>

President Secretary

Vice President and Treasurer **Assistant Treasurer** 

Tax Controller

**Director** 

William L. Rammes

<u>Title</u> Director J26420 9936