## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** J26420 1. Entity Name ILH COMPANY

Principal Place of Business

Mailing Address



C/O CORPORATE TÀX DEPARTMENT ONE BUSCH PLACE ST. LOUIS MO 63118		C/O CORPORATE TAX D ONE BUSCH PLACE ST. LOUIS MO 63118						#### #################################	
2. Principal Place of Business		3. Mailing Address					i Didii Calii	BIBIT BIBIT TERM	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			59-2717181		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired See Requir				
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CT CORPORATION SYSTEM			Ivame	Name					
	PINE ISLAND ROAD		Street Address		Box Number is Not Acceptable)	-			
	ION FL 33324			<del></del> .		-			
PLANIAI	IUN FL 33324				<del>, , ,</del>				
			City			FL	Zip Cod	le	
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	pration is eligible to satisfy its Intangib	le FILE NOW!	!! FEE IS \$15	0.00					
Tax filing	requirement and elects to do so.	After May 1, 20	After May 1, 2002 Fee will be \$550.00		<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>	ng 🗆		May Be	
(See criteria on back)		Make Check Payab	le to Departme	nt of State	Trust Furia Contribution.		Added	d to Fees	
11.	OFFICERS AND		12.	AC	DITIONS/CHANGES TO OFFICER	S AND D	RECTOR	S IN 11	
TITLE	S S S S S S S S S S S S S S S S S S S	☐ Delete	TITLE			Ε	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	SCHEI	DULE ATTACHED				
CITY-ST-ZIP			CITY-ST-ZIP	•					
TITLE	P	□ Delete	TITLE		<del></del>		Change	Addition	
NAME	MARTZ, JOHN C.	L Octob	NAME			L	_ Change	Addition	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS						
CITY-ST-ZIP	ST. LOUIS MO		CITY-ST-ZIP		_				
TITLE	AT	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME	SAUERHOFF, DAVID C		NAME						
STREET ADDRESS CITY-ST-ZIP	ONE BUSCH PLACE		STREET ADDRESS CITY-ST-ZIP						
TITLE	SAINT LOUIS MO 63118 TC	——————————————————————————————————————		<del>-</del>					
NAME	CASTAGNO, JOHN D	☐ Delete	TITLE NAMÉ			Ļ	] Change	☐ Addition	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS						
CITY-ST-ZIP	SAINT LOUIS MO 63118		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	+		Г	Change	Addition	
NAME	RAMMES, WILLIAM L		NAME			_	, Dimily		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS						
CITY-ST-ZIP	SAINT LOUIS MO 63118		CITY-ST-ZIP						
TITLE	VT	☐ Delete	TITLE				] Change	Addition	
NAMÉ OZDSSE ADDOSSO	KIMMINS, WILLIAM J.		NAME						
STREET ADDRESS CITY-ST-ZIP	ONE BUSCH PLACE		STREET ADDRESS						
	ST. LOUIS MO 63118		CITY-ST-ZIP	1					
io. Thereby c	ertify that the information supplied with	n this filing does not qualify for	the exemption sta	ated in Section 1	l 19.07(3)(i), Florida Statutes. I furthe	er 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. Castagrio Tax Controller

**18 2002** 314/577-7996

Date

## 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 <u>Title</u> President Secretary

William J. Kimmins Jr.

Vice President and Treasurer

David C. Sauerhoff John D. Castagno

Assistant Treasurer Tax Controller

**Director** 

William L. Rammes

<u>Title</u> Director J26420