

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26420

Entity Name: ILH COMPANY

FILED  
Apr 06, 2010  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2717181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S  
Name: LARSON, THOMAS D  
Address: ONE BUSCH PLACE  
City-St-Zip: ST. LOUIS, MO 63118

Title: PD  
Name: TAYLOR, MICHAEL R  
Address: ONE BUSCH PLACE  
City-St-Zip: SAINT LOUIS, MO 63118

Title: V  
Name: COMOTTO, JEFFREY J  
Address: ONE BUSCH PLACE  
City-St-Zip: SAINT LOUIS, MO 63118

Title: T  
Name: ADAMS, RAYMOND J  
Address: ONE BUSCH PLACE  
City-St-Zip: SAINT LOUIS, MO 63118

Title: AS  
Name: VONDER HAAR, JUDITH A  
Address: ONE BUSCH PLACE  
City-St-Zip: SAINT LOUIS, MO 63118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY J. COMOTTO

V

04/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date