

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

SEP 29 AM 9:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P38041**

1. Corporation Name  
**ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORP.**



Principal Place of Business  
**TAX DEPARTMENT,  
 ONE BUSCH PLACE  
 ST. LOUIS MO 63118**

Mailing Address  
**TAX DEPARTMENT,  
 ONE BUSCH PLACE  
 ST. LOUIS MO 63118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/25/1992**

4. FEI Number  
**43-1548663**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 % C T CORPORATION SYSTEM  
 1200 PINE ISLAND RD.,  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	LEGG, ROBERT A.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	
NAME	SOBBE, THOMAS O.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	
NAME	SANDISON, BRUCE M.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	
NAME	REEVES, LAURA H.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AS	
NAME	HAMILTON, JOHN L.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	T	
NAME	THAYER, GERALD C.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

Schedule Attached

700002859647  
 -04/30/99--01148--00  
 \*\*\*2850.00 \*\*\*150.00

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, with or without other like empowerment.

**SIGNATURE:**

*John D. Castagno*  
**SIGNATURE REC- Tax Controller**

1/28/99

314/577-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034-11/98