


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90448 001 \*2,850.00

DOCUMENT # P38041					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1548663	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 PINE ISLAND RD., PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REITER, KENNETH W		NAME		
STREET ADDRESS	ONE BUSCH PLACE	SCHEDULE ATTACHED	STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMMINS, WILLIAM J JR.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WROBEL, RONALD R		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEVES, LAURA H.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO		CITY-ST-ZIP		
TITLE	VTC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CASTAGNO, JOHN D		NAME	V/TC	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS	GELNER, DENNIS J	
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP	ONE BUSCH PLACE	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Addition
NAME	SAUERHOFF, DAVID C		NAME	BAGWELL, STEVE B	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Dennis J. Gelner</i>		DENNIS J GELNER		314/577-7996	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VP & TAX CONTROLLER		Date 2/20/06	

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02152006 Chg-P CR2E034 (11/05)

4. FEI Number 43-1548663 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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**FILE NOW!!! FEE IS \$150.00**  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
 NAME REITER, KENNETH W  
 STREET ADDRESS ONE BUSCH PLACE SCHEDULE ATTACHED  
 CITY-ST-ZIP SAINT LOUIS, MO 63118

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VT  Delete  
 NAME KIMMINS, WILLIAM J JR.  
 STREET ADDRESS ONE BUSCH PLACE  
 CITY-ST-ZIP SAINT LOUIS, MO 63118

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME WROBEL, RONALD R  
 STREET ADDRESS ONE BUSCH PLACE  
 CITY-ST-ZIP SAINT LOUIS, MO 63118

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME REEVES, LAURA H.  
 STREET ADDRESS ONE BUSCH PLACE  
 CITY-ST-ZIP ST. LOUIS, MO

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VTC  Delete  
 NAME CASTAGNO, JOHN D  
 STREET ADDRESS ONE BUSCH PLACE  
 CITY-ST-ZIP SAINT LOUIS, MO 63118

TITLE  Change  Addition  
 NAME V/TC  
 STREET ADDRESS GELNER, DENNIS J  
 CITY-ST-ZIP ONE BUSCH PLACE  
 ST LOUIS MO 63118

TITLE AT  Delete  
 NAME SAUERHOFF, DAVID C  
 STREET ADDRESS ONE BUSCH PLACE  
 CITY-ST-ZIP SAINT LOUIS, MO 63118

TITLE  Change  Addition  
 NAME V  
 STREET ADDRESS BAGWELL, STEVE B  
 CITY-ST-ZIP ONE BUSCH PLACE  
 ST LOUIS MO 63118

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SIGNATURE: *Dennis J. Gelner* DENNIS J GELNER 314/577-7996 2/20/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

