

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000833

**Entity Name:** CASCO DIVERSIFIED CORPORATION**Current Principal Place of Business:**10877 WATSON ROAD  
ST. LOUIS, MO 63127**Current Mailing Address:**10877 WATSON ROAD  
ST. LOUIS, MO 63127 US**FEI Number:** 43-1198532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name TEGETHOFF, JAMES C  
Address 11021 CHATEAU CHURA  
City-State-Zip: ST. LOUIS MO 63128

Title PRESIDENT, DIRECTOR  
Name CUTTER, DANIEL E  
Address 1317 TRAILS DRIVE  
City-State-Zip: FENTON MO 63026

Title VP, DIRECTOR  
Name BIRKE, DANIEL M  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title DIRECTOR, VP  
Name REYNOLDS, JOHN W  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title VP, DIRECTOR  
Name DOERING, PAUL  
Address 9018 MIDDLEWOOD COURT  
City-State-Zip: ST. LOUIS MO 63127

Title TREASURER, DIRECTOR  
Name WESTERMAYER, DONNA M  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title SECRETARY, VP, DIRECTOR  
Name DITTO, DARREN D  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title VP  
Name SCHMITT, JAMES A  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

**Continues on page 2**

*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: DONNA WESTERMAYER****TREASURER****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GRAPPERHAUS, MICHAEL C  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127

Title VP  
Name SPALINGER, MARK A  
Address 10877 WATSON ROAD  
City-State-Zip: ST. LOUIS MO 63127