

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000833

**Entity Name:** CASCO DIVERSIFIED CORPORATION**Current Principal Place of Business:**12 SUNNEN DRIVE  
SUITE 100  
ST. LOUIS, MO 63143**Current Mailing Address:**12 SUNNEN DRIVE  
SUITE 100  
ST. LOUIS, MO 63143 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 DIRECTOR  
Name DOERING, PAUL  
Address 9018 MIDDLEWOOD COURT  
City-State-Zip: ST. LOUIS MO 63127

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

Title TREASURER  
Name WESTERMAYER, DONNA M  
Address 54 HIGH TRAILS DRIVE  
City-State-Zip: EUREKA MO 63025

Title VP, DIRECTOR  
Name BIRKE, DANIEL M  
Address 176 SWEETBRIAR LANE  
City-State-Zip: ST. LOUIS MO 63122

Title SECRETARY, VP, DIRECTOR  
Name DITTO, DARREN D.  
Address 276 GLANDORE DRIVE  
City-State-Zip: BALLWIN MO 63021

Title DIRECTOR, VP  
Name REYNOLDS, JOHN W  
Address 4409 SADDLE MOUNT  
City-State-Zip: ST. LOUIS MO 63129

Title VP  
Name SCHMITT, JAMES A  
Address 1445 TIMBERWOOD LANE  
City-State-Zip: ST. LOUIS MO 63146

Title VP  
Name GRAPPERHAUS, MICHAEL C  
Address 9003 EAST KIRSCH  
City-State-Zip: TROY IL 62294

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*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****04/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name SPALINGER, MARK A  
Address 3038 OAKSTOWNE PLACE  
City-State-Zip: ST. LOUIS MO 63129

Title VP, DIRECTOR  
Name SUNDERMEYER, MICHAEL S  
Address 645 SAVANNAH VIEW WAY  
City-State-Zip: CHESTERFIELD MO 63017

Title VP  
Name PUSKULDJIAN, PETER  
Address 5 CAMBRIDGE ROAD  
City-State-Zip: FREEHOLD NJ 07728

Title DIRECTOR  
Name GRASSI, THOMAS  
Address 947 DWYER AVENUE  
City-State-Zip: ST. LOUIS MO 63122

Title VP  
Name LEE, MICHAEL  
Address 1652 TIMBER HOLLOW  
City-State-Zip: WILDWOOD MO 63011