

2019 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	TEGETHOFF, JAMES C
Address	11021 CHATEAU CHURA
City-State-Zip:	ST. LOUIS MO 63128

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

Title	VP, DIRECTOR
Name	BIRKE, DANIEL 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	DIRECTOR, VP
Name	REYNOLDS, JOHN W
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

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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****03/19/2019**_____
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