

2016 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
Name TEGETHOFF, JAMES C
Address 11021 CHATEAU CHURA
City-State-Zip: ST. LOUIS MO 63128

Title VP
Name HUBER, PAUL J
Address 10840 POINTE DRIVE
City-State-Zip: ST. LOUIS MO 63127

Title VP
Name SHAW, RALPH R
Address 14641 LOS PADRES COURT
City-State-Zip: CHESTERFIELD MO 63017

Title VP
Name GOVAIA, JAMES C
Address 9832 EAGLE HILL LANE
City-State-Zip: ST. LOUIS MO 63127

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

Title DIRECTOR
Name MUSIAL, CARL R DIRECTOR
Address #20 MORGAN LAKE LAND
City-State-Zip: MILLSTADT IL 62260

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

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: PAUL R. DOERING**VICE PRESIDENT****04/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date