

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

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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****04/03/2018**

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