

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

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****04/13/2022**

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