

2014 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**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	PRES
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

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****03/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date