


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90424 001 \*2,700.00

|  |                        |   |   |  |  |
|--|------------------------|---|---|--|--|
| <b>DOCUMENT # 854356</b><br>1. Entity Name<br><b>EAGLE SNACKS, INC.</b>  |                        |   |   |   |  |
| Principal Place of Business<br><b>231 S BEMISTON AVE<br/>STE 600<br/>CLAYTON, MO 63105 US</b>  |                        |   | Mailing Address<br><b>ATTN: CORPORATE TAX DEPT.<br/>ONE BUSCH PLACE<br/>ST. LOUIS, MO 63118</b> |  |  |
| 2. Principal Place of Business   |                        | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                        | City & State  |   | 4. FEI Number<br><b>43-1246129</b>   |  |
| Zip  |                        | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |                        |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                        |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                        |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE  | PD                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | KRUGER, FREDERICK B    |   | NAME  | <b>SCHEDULE ATTACHED</b>   |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | SAINT LOUIS, MO 63118  |   | CITY-ST-ZIP   |  |  |
| TITLE  | VT                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | KIMMINS, WILLIAM J JR. |   | NAME  |  |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | SAINT LOUIS, MO 63118  |   | CITY-ST-ZIP   |  |  |
| TITLE  | S                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | REEVES, LAURA H.       |   | NAME  |  |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | ST LOUIS, MO           |   | CITY-ST-ZIP   |  |  |
| TITLE  | TC                     | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | CASTAGNO, JOHN D       |   | NAME  | <b>V/TC<br/>CASTAGNO, JOHN D<br/>ONE BUSCH PLACE<br/>ST LOUIS MO 63118</b>   |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | SAINT LOUIS, MO 63118  |   | CITY-ST-ZIP   |  |  |
| TITLE  | AT                     | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | SAUERHOFF, DAVID C     |   | NAME  |  |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | SAINT LOUIS, MO 63118  |   | CITY-ST-ZIP   |  |  |
| TITLE  | D                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | CARGAS, MARTIN D       |   | NAME  |  |  |
| STREET ADDRESS   | ONE BUSCH PLACE        |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | SAINT LOUIS, MO 63118  |   | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. <b>John D Castagno</b> |                        |   |   |  |  |
| SIGNATURE: _____   |                        | VP & Tax Controller   |   | 4/22/04 314/577-7996   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                        | Date  |   | Daytime Phone #  |  |

*Attachment* 00417212  
Officers and Directors

**Eagle Snacks, Inc.**

Principal Place of Business: 231 South Bemiston Avenue  
Suite 600  
Clayton, MO 63105

Mailing Address:: One Busch Place  
St. Louis, MO 63118

| <u>Officer</u>         | <u>Title</u>                      |
|------------------------|-----------------------------------|
| Frederick B. Kruger    | President                         |
| Laura H. Reeves        | Secretary                         |
| William J. Kimmins Jr. | Vice President and Treasurer      |
| David C. Sauerhoff     | Assistant Treasurer               |
| John D. Castagno       | Vice President and Tax Controller |

| <u>Director</u>     | <u>Title</u> |
|---------------------|--------------|
| Martin D. Cargas    | Director     |
| Frederick B. Kruger | Director     |

# 854356