

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90448 001 \*2,850.00

**66005624**



<b>DOCUMENT # 854356</b> 1. Entity Name <b>EAGLE SNACKS, INC.</b>					
Principal Place of Business <b>231 S BEMISTON AVE STE 600 CLAYTON, MO 63105 US</b>			Mailing Address <b>ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS, MO 63118</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>43-1246129</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KRUGER, FREDERICK B ONE BUSCH PLACE SAINT LOUIS, MO 63118</b>	<input type="checkbox"/> Delete <b>SCHEDULE ATTACHED</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT KIMMINS, WILLIAM J JR. ONE BUSCH PLACE SAINT LOUIS, MO 63118</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S REEVES, LAURA H. ONE BUSCH PLACE ST LOUIS, MO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTC CASTAGNO, JOHN D ONE BUSCH PLACE SAINT LOUIS, MO 63118</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SAUERHOFF, DAVID C ONE BUSCH PLACE SAINT LOUIS, MO 63118</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARGAS, MARTIN D ONE BUSCH PLACE SAINT LOUIS, MO 63118</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/TC GELNER, DENNIS J ONE BUSCH PLACE ST LOUIS MO 63118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT RAWLINS, MARK A ONE BUSCH PLACE ST LOUIS MO 63118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE:</b>		<b>DENNIS J GELNER</b> VP & TAX CONTROLLER		314/577-7996 <span style="float: right;">2/20/06</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT  
66005624  
#854356  
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
William J. Kimmins Jr.	Vice President and Treasurer
Dennis J. Gelner	Vice President and Tax Controller
Laura H. Reeves	Secretary
Mark A. Rawlins	Assistant Treasurer

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