

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856907

1. Entity Name
NUTRI-TURF, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90414 001 *2,850.00

Principal Place of Business
ATTN: CORPORATE TAX DEPT.
ONE BUSCH PLACE
ST LOUIS MO 63118-8852

Mailing Address
ATTN: CORPORATE TAX DEPT.
ONE BUSCH PLACE
ST LOUIS MO 63118-1849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1293560**
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | GOFF, RAYMOND E. | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KLOTH, DONALD W. | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS, MO 00000 | |
| TITLE | VM | <input checked="" type="checkbox"/> Delete |
| NAME | ANDERSON, MELVERN K. | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS, MO 00000 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | THAYER, GERALD C. | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | REEVES, LAURA H. | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, GEORGE S. | |
| STREET ADDRESS | ONE BUSCH PL. | |
| CITY-ST-ZIP | ST LOUIS MO | |

| | | |
|----------------|-----------------------|--|
| TITLE | V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIMMINS JR, WILLIAM J | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO 63118 | |
| TITLE | CEO/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLOTH, DONALD W | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO 63118 | |
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, MELVERN K | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO 63118 | |
| TITLE | TC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTAGNO, JOHN D | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO 63118 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOVARD, GARY N | |
| STREET ADDRESS | ONE BUSCH PLACE | |
| CITY-ST-ZIP | ST LOUIS MO 63118 | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Castagno Tax Controller 4/10/00 314/577-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

03/30/2000

Officers and Directors

Nutri-Turf, Inc.

Principal Place of Business: One Busch Place
St. Louis, MO 63118

856907

— 9938

Officer

Donald W. Kloth
Melvern K. Anderson
Laura H. Reeves
William J. Kimmins Jr.
David C. Sauerhoff
John D. Castagno

Title

Chairman of the Board & Chief Executive Officer
President
Secretary
Vice President and Treasurer
Assistant Treasurer
Tax Controller

Director

Melvorn K. Anderson
Gary N. Bovard
Larry W. Keith
Donald W. Kloth

Title

Director
Director
Director
Director