


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90199 018 \*\*\*150.00

<b>DOCUMENT # F00000006103</b> 1. Entity Name <b>CIVIC CENTER CORPORATION</b>					
Principal Place of Business <b>ONE BUSCH PLACE</b> <b>ATTN: CORP. TAX DEPT.</b> <b>ST. LOUIS, MO 63118</b>			Mailing Address <b>ONE BUSCH PLACE</b> <b>ATTN: CORP. TAX DEPT.</b> <b>ST. LOUIS, MO 63118</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>43-1231430</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P <b>BUSCH, AUGUST A III</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BUSCH, AUGUST A IV</b> <b>ONE BUSCH PLACE</b> <b>ST LOUIS MO 63118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BAKER, W. RANDOLPH</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>REEVES, LAURA H</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>KIMMINS, WILLIAM J JR.</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>RAWLINS, MARK A</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTC <b>GELNER, DENNIS J</b> <b>ONE BUSCH PLACE</b> <b>SAINT LOUIS, MO 63118</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/18/07    314/577-7996 <small>Date    Daytime Phone #</small>	

DENNIS J GELNER, VP & TAX CONTROLLER

ATTACHMENT  
Officers and Directors

40086063

#F0000000603

Civic Center Corporation

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

Officer

August A. Busch IV  
W. Randolph Baker  
Laura H. Reeves  
William J. Kimmins Jr.  
Dennis J. Gelner  
Mark A. Rawlins

Title

President  
Vice President  
Vice President and Secretary  
Vice President and Treasurer  
Vice President and Tax Controller  
Assistant Treasurer

Director

W. Randolph Baker  
William J. Kimmins Jr.  
Laura H. Reeves

Title

Director  
Director  
Director