

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000833

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: CASCO DIVERSIFIED CORPORATION

## Current Principal Place of Business:

10877 WATSON ROAD  
ST. LOUIS, MO 63127

## New Principal Place of Business:

## Current Mailing Address:

10877 WATSON ROAD  
ST. LOUIS, MO 63127

## New Mailing Address:

FEI Number: 43-1198532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALBERTS, JAEMS C  
Address: 13850 CLAYTON ROAD  
City-St-Zip: TOWN & COUNTRY, MO 63017

Title: VP ( ) Delete  
Name: TEGETHOFF, JAMES C  
Address: 11021 CHATEAU CHURA  
City-St-Zip: ST. LOUIS, MO 63128

Title: VP ( ) Delete  
Name: HUBER, PAUL J  
Address: 10840 POINTE DRIVE  
City-St-Zip: ST. LOUIS, MO 63127

Title: VP ( ) Delete  
Name: SHAW, RALPH R  
Address: 14641 LOS PADRES COURT  
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP ( ) Delete  
Name: GOVAIA, JAMES C  
Address: 9832 EAGLE HILL LANE  
City-St-Zip: ST. LOUIS, MO 63127

Title: VP ( ) Delete  
Name: DOERING, PAUL  
Address: 9018 MIDDLEWOOD COURT  
City-St-Zip: ST. LOUIS, MO 63127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH B. BYE

ACCT

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date