2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F02000000833

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	(X) 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: PAUL DOERING VP 04/16/2009

Electronic Signature of Signing Officer or Director — Date