2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	12701 ROTT ROAD	
City-St-Zip:	ST. LOUIS, MO 63127	
Title:	VD	( ) Delete
Name:	TEGETHOFF, JAMES C	
Address:	11021 CHATEAU CHURA	
City-St-Zip:	ST. LOUIS, MO 63128	
Title:	VD	( ) Delete
Name:	HUBER, PAUL J	
Address:	5859 DELOR	
City-St-Zip:	ST. LOUIS, MO 63109	
Title:	VD	( ) Delete
Name:	SHAW, RALPH R	
Address:	14641 LOS PADRES COURT	
City-St-Zip:	CHESTERFIELD, MO	
Title:	VD	( ) Delete
Name:	GOVAIA, JAMES C	
Address:	10576 GREGORY COURT	
City-St-Zip:	SAPPINGTON, MD KKKKKKKKK KK	
Title:	VD	( ) 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:	VD	(X) Change ( ) Addition
Name:	HUBER, PAUL J	
Address:	10840 POINTE DRIVE	
City-St-Zip:	ST. LOUIS, MO 63127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	GOVAIA, JAMES C	
Address:	9832 EAGLE HILL LANE	
City-St-Zip:	ST. LOUIS, MO 63127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 MR. 03/11/2003

Electronic Signature of Signing Officer or Director — Date