

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90082 001 \*2,850.00

**DOCUMENT # F93000005692**

1. Entity Name  
**BANNON CORPORATION**

|   |  |
|---|--|
| Principal Place of Business<br><b>ONE BUSCH PL.<br/>                 ST. LOUIS MO 63118</b> | Mailing Address<br><b>CORPORATE TAX DEPT.<br/>                 ONE BUSCH PLACE<br/>                 ST. LOUIS MO 63118<br/>                 US</b> |
|---|--|

**66280**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

4. FEI Number **43-1663511** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>SCHAEFER, JOHN J<br/>ONE BUSCH PL.<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TC<br/>CASTAGNO, JOHN D<br/>ONE BUSCH PL.<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ASD<br/>POWERS, PAUL B<br/>ONE BUSCH PL.<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>MARTZ, JOHN C. J<br/>ONE BUSCH PLACE<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>KIMMINS, WILLIAM J.<br/>ONE BUSCH PLACE<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>REEVES, LAURA H.<br/>ONE BUSCH PLACE<br/>ST. LOUIS MO 63118</b> <input type="checkbox"/> Delete    |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SCHEDULE ATTACHED</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |

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** 3/20/01 314/577-7996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

DOC # F93000005692

Officers and Directors

66280

**Bannon Corporation**

Principal Place of  
Business:

One Busch Place  
St. Louis, MO 63118

Officer

John J. Schaefer  
John C. Martz Jr.  
Laura H. Reeves  
Paul B. Powers  
William J. Kimmins Jr.  
David C. Sauerhoff  
John D. Castagno

Title

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

Director

Andrew P. Fichthorn  
Paul B. Powers  
John J. Schaefer

Title

Director  
Director  
Director