

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90313 001 \*2,700.00

CR2E034 (9/01)

**DOCUMENT # F93000005692**

1. Entity Name  
**BANNON CORPORATION**

Principal Place of Business

**ONE BUSCH PL.  
 ST. LOUIS MO 63118**

Mailing Address

**CORPORATE TAX DEPT.  
 ONE BUSCH PLACE  
 ST. LOUIS MO 63118  
 US**

**82000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAEFER, JOHN J</b>	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>TC</b>	<input type="checkbox"/> Delete
NAME	<b>CASTAGNO, JOHN D</b>	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>POWERS, PAUL B</b>	
STREET ADDRESS	<b>ONE BUSCH PL.</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTZ, JOHN C. J</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIMMINS, WILLIAM J.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>REEVES, LAURA H.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>SCHEDULE ATTACHED</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMINS WILLIAM JR</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63118</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D. Castagno**  
**Tax Controller**

**APR 18 2002 314/577-7996**

Date

Daytime Phone #

## Officers and Directors

## Bannon Corporation

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

<u>Officer</u>	<u>Title</u>
John J. Schaefer	President
John C. Martz Jr.	Vice President
Laura H. Reeves	Secretary
Paul B. Powers	Assistant Secretary
William J. Kimmins Jr.	Vice President and Treasurer
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

<u>Director</u>	<u>Title</u>
Andrew P. Fichthorn	Director
Paul B. Powers	Director
John J. Schaefer	Director

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