
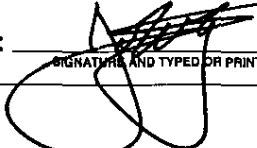


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90424 001 \*2,700.00

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			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 43-1663511		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRABE, DAVID		NAME	<b>SCHEDULE ATTACHED</b>		
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
TITLE	TC	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNO, JOHN D		NAME			
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWERS, PAUL B		NAME			
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTZ, JOHN C. J		NAME			
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMMINS, WILLIAM J.		NAME			
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEVES, LAURA H.		NAME			
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		Tax Controller		Date: 4/22/04 Daytime Phone #: 314/577-7996		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		

66417207 Attachment

Officers and Directors

# 793000005692

**Bannon Corporation**

Principal Place of  
Business:

One Busch Place  
St. Louis, MO 63118

Officer

David J. Grabe  
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

Stephen M. Frein  
David J. Grabe  
Paul B. Powers

Title

Director  
Director  
Director