

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90047 001 \*2,700.00

**66001971**



01262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F93000005692</b>					
1. Entity Name <b>BANNON CORPORATION</b>					
Principal Place of Business <b>ONE BUSCH PL. ST. LOUIS, MO 63118</b>			Mailing Address <b>CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS, MO 63118 US</b>		
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 <b>43-1663511</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
B. 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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	VP/TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNO, JOHN D		NAME	CASTAGNO, JOHN D	
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, PAUL B		NAME	POWERS, PAUL B	
STREET ADDRESS	ONE BUSCH PL.		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
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: _____			FEB 1 2005		314/577-7996
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>
<b>John D. Castagno</b>					

# ATTACHMENT

## Officers and Directors

66001971

# F93000005692

### 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  
Vice President and Tax Controller

#### Director

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

#### Title

Director  
Director  
Director