

# 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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNO, JOHN D	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST LOUIS MO 63118	
TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, PAUL B	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST LOUIS MO 63118	
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		

**SCHEDULE ATTACHED**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 1 2005**

Date

314/577-7996

Daytime Phone #

John D. Castagno

# 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