

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2002 90313 001 *2,700.00

DOCUMENT # F95000001694

1. Entity Name

**ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORPORATION
N III**

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

Zip

Country

Zip

Country

4. FEI Number

43-1599263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HOFFMEISTER, JAMES F**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **SCHEDULE ATTACHED**
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **SANDISON, BRUCE M**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **REEVES, LAURA H**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **JOLEY, LISA A**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Delete
NAME **SHORT, ANTHONY J**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TC** ☐ Delete
NAME **CASTAGNO, JOHN D**
STREET ADDRESS **ONE BUSCH PL.**
CITY-ST-ZIP **ST. LOUIS MO 63118**

TITLE ☐ Change ☐ 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 #

CR2E034 (9/01)

Officers and Directors

Anheuser-Busch Wholesaler Development Corporation III

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

Officer

James F. Hoffmeister
Laura H. Reeves
Lisa A. Joley
Bruce M. Sandison
Anthony J. Short
John D. Castagno

Title

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

F95000001694

Director

James F. Hoffmeister
Lisa A. Joley
Bruce M. Sandison

Title

Director
Director
Director