

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**66001970**



<b>DOCUMENT # F95000001694</b>					
<b>1. Entity Name</b> ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORPORATION III					
<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</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 43-1599263	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> HOFFMEISTER, JAMES F <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> SANDISON, BRUCE M <b>STREET ADDRESS</b> ONE BUSCH PLACE <b>CITY-ST-ZIP</b> ST LOUIS MO 63118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SANDISON, BRUCE M <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> REEVES, LAURA H <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input type="checkbox"/> Delete		<b>SCHEDULE ATTACHED</b>		
<b>TITLE</b> AS <b>NAME</b> JOLEY, LISA A <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> SHORT, ANTHONY J <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input type="checkbox"/> Delete		<b>TITLE</b> V/T/D <b>NAME</b> SHORT, ANTHONY J <b>STREET ADDRESS</b> ONE BUSCH PLACE <b>CITY-ST-ZIP</b> ST LOUIS MO 63118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VTC <b>NAME</b> CASTAGNO, JOHN D <b>STREET ADDRESS</b> ONE BUSCH PL. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63118	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>314/577-7996</b> Daytime Phone #		

**John D. Castagno**

**FEB 1 2005**

# ATTACHMENT

## Officers and Directors

66001970  
# F95000001694

### Anheuser-Busch Wholesaler Development Corporation III

Principal Place of  
Business:

One Busch Place  
St. Louis, MO 63118

#### Officer

David A. Peacock  
Laura H. Reeves  
Lisa A. Joley  
Anthony J. Short  
John D. Castagno

#### Title

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

#### Director

Lisa A. Joley  
David A. Peacock  
Anthony J. Short

#### Title

Director  
Director  
Director