

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90448 001 \*2,850.00

**66005619**



02152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F95000001694</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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>43-1599263</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</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 Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOFFMEISTER, JAMES F</b> <input checked="" type="checkbox"/> Delete <b>ONE BUSCH PL.</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>PEACOCK, DAVID A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ONE BUSCH PLACE</b> <b>ST LOUIS MO 63118</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>SANDISON, BRUCE M</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>REEVES, LAURA H</b> <b>ONE BUSCH PL.</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>JOLEY, LISA A</b> <b>ONE BUSCH PL.</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOLEY, LISA A</b> <b>ONE BUSCH PLACE</b> <b>ST LOUIS MO 63118</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <input type="checkbox"/> Delete <b>SHORT, ANTHONY J</b> <b>ONE BUSCH PL.</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTC</b> <input checked="" type="checkbox"/> Delete <b>CASTAGNO, JOHN D</b> <b>ONE BUSCH PL.</b> <b>ST. LOUIS, MO 63118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/TC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GELNER, DENNIS J</b> <b>ONE BUSCH PLACE</b> <b>ST LOUIS MO 63118</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE:</b>		<b>DENNIS J GELNER</b> <b>VP &amp; TAX CONTROLLER</b>		<b>314/577-7996</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT  
66005619  
# F95000001694  
Officers and Directors

**Anheuser-Busch Wholesaler Development Corporation III**

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

<u>Officer</u>	<u>Title</u>
David A. Peacock	President
Anthony J. Short	Vice President and Treasurer
Dennis J. Gelner	Vice President and Tax Controller
Laura H. Reeves	Secretary
Lisa A. Joley	Assistant Secretary

<u>Director</u>	<u>Title</u>
Lisa A. Joley	Director
David A. Peacock	Director
Anthony J. Short	Director