

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2005 90047 001 *2,700.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2540009** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	KASEN, KEITH M	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	S	<input type="checkbox"/> Delete
NAME	REEVES, LAURA H.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KIMMINS, WILLIAM J JR.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	VTC	<input type="checkbox"/> Delete
NAME	CASTAGNO, JOHN D	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SAUERHOFF, DAVID C	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GRABE, DAVID	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT 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	<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	
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

66001977
#G05752

HSH of Orlando, Inc.

Principal Place of Business: 7007 Sea World Drive
Orlando, FL 32821

Mailing Address:: One Busch Place
St. Louis, MO 63118

Officer

Keith M. Kasen

Laura H. Reeves

David J. Grabe

William J. Kimmins Jr.

David C. Sauerhoff

John D. Castagno

Title

President

Secretary

Assistant Secretary

Vice President and Treasurer

Assistant Treasurer

Vice President and Tax Controller

Director

Keith M. Kasen

Title

Director