

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2006 90448 001 *2,850.00

66005625



DOCUMENT # G05752 1. Entity Name HSH OF ORLANDO, INC.					
Principal Place of Business 7007 SEA WORLD DR ORLANDO, FL 32821 US			Mailing Address C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS, MO 63118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2540009	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASEN, KEITH M		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, LAURA H.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMMINS, WILLIAM J JR.		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
TITLE	VTC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASTAGNO, JOHN D		NAME	V/TC GELNER, DENNIS J	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAUERHOFF, DAVID C		NAME	AT RAWLINS, MARK A	
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP	ST LOUIS MO 63118	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABE, DAVID		NAME		
STREET ADDRESS	ONE BUSCH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63118		CITY-ST-ZIP		
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.					
SIGNATURE: <i>Dennis J Gelner</i>		DENNIS J GELNER		2/20/06	
VP. & TAX CONTROLLER		VP. & TAX CONTROLLER		314/577-7996	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

66005625
#G105752
Officers and Directors

HSH of Orlando, Inc.

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

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

<u>Officer</u>	<u>Title</u>
Keith M. Kasen	President
William J. Kimmins Jr.	Vice President and Treasurer
Dennis J. Gelner	Vice President and Tax Controller
Laura H. Reeves	Secretary
David J. Grabe	Assistant Secretary
Mark A. Rawlins	Assistant Treasurer

<u>Director</u>	<u>Title</u>
Keith M. Kasen	Director