
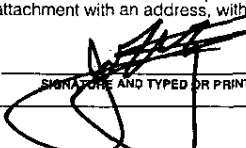


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90424 001 \*2,700.00

<b>DOCUMENT # J26420</b> 1. Entity Name <b>ILH COMPANY</b>					
Principal Place of Business <b>C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS, MO 63118</b>			Mailing Address <b>C/O CORPORATE TAX DEPARTMENT ONE BUSCH PLACE ST. LOUIS, MO 63118</b>		
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 <b>59-2717181</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>S</b> <b>REEVES, LAURA H.</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCHEDULE ATTACHED</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTZ, JOHN C.</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SAUERHOFF, DAVID C</b> <b>ONE BUSCH PLACE</b> <b>SAINT LOUIS, MO 63118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>CASTAGNO, JOHN D</b> <b>ONE BUSCH PLACE</b> <b>SAINT LOUIS, MO 63118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMMES, WILLIAM L</b> <b>ONE BUSCH PLACE</b> <b>SAINT LOUIS, MO 63118</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, W RANDOLPH</b> <b>ONE BUSCH PLACE</b> <b>ST LOUIS MO 63118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>KIMMINS, WILLIAM J.</b> <b>ONE BUSCH PLACE</b> <b>ST. LOUIS, MO 63118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> 			<b>John D Castagno</b> <b>Tax Controller</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/22/04</b> <b>314/577-7996</b> <small>Date Daytime Phone #</small>		

66417214

Attachment

Officers and Directors

~~II 526420~~

**ILH Company**

Principal Place of  
Business:

One Busch Place  
St. Louis, MO 63118

Officer

John C. Martz Jr.  
Laura H. Reeves  
William J. Kimmins Jr.  
David C. Sauerhoff  
John D. Castagno

Title

President  
Secretary  
Vice President and Treasurer  
Assistant Treasurer  
Tax Controller

Director

W. Randolph Baker

Title

Director