

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20723

1. Entity Name

COLERIDGE CORPORATION

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90414 001 \*2,850.00

Principal Place of Business

Mailing Address

C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118

C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118-1849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2735444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **BILBO, MELVIN L**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **SCHAEFER, JOHN J**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

TITLE **TC** ☒ Delete  
NAME **WUNDERLICH, ALBERT R.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **TC** ☒ Change ☐ Addition  
NAME **CASTAGNO, JOHN D**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

TITLE **AT** ☒ Delete  
NAME **HILL, RICHARD N.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **V/T/AS** ☒ Change ☐ Addition  
NAME **FICHTHORN, ANDREW P**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

TITLE **S** ☒ Delete  
NAME **REEVES, LAURA H.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **REEVES, LAURA H**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

TITLE **VT** ☒ Delete  
NAME **CORRIGAN, THOMAS L.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **AT** ☒ Change ☐ Addition  
NAME **SAUERHOFF, DAVID C**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

TITLE **D** ☒ Delete  
NAME **ROBERTS, JOHN B.**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **D** ☒ Change ☐ Addition  
NAME **ABBEY, VICTOR G**  
STREET ADDRESS **ONE BUSCH PLACE**  
CITY-ST-ZIP **ST LOUIS MO 63118**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John D. Castagno* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

03/30/2000

**Officers and Directors**

**Coleridge Corporation**

Principal Place of  
Business:

One Busch Place  
St. Louis, MO 63118

P20723

9933

Officer

John J. Schaefer  
Laura H. Reeves  
Andrew P. Fichthorn  
David C. Sauerhoff  
John D. Castagno

Title

President  
Secretary  
Vice President, Treasurer & Assistant Secretary  
Assistant Treasurer  
Tax Controller

Director

Victor G. Abbey  
Laura H. Reeves  
John J. Schaefer

Title

Director  
Director  
Director