

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2005 90047 001 \*2,700.00

**66001969**



01262005 Chg-P CR2E034 (10/03)

4. FEI Number **43-1548663** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 PINE ISLAND RD.,  
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	D	<input type="checkbox"/> Delete
NAME	REITER, KENNETH W	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KIMMINS, WILLIAM J JR.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	SAINT LOUIS, MO 63118	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SANDISON, BRUCE M.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	REEVES, LAURA H.	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST. LOUIS, MO	
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	

## 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WROBEL, RONALD R	
STREET ADDRESS	ONE BUSCH PLACE	
CITY-ST-ZIP	ST LOUIS MO 63118	
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**

President and Tax Controller

# ATTACHMENT

## Officers and Directors

66001969  
# P38041

### Anheuser-Busch Wholesaler Development Corp.

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

#### Officer

Ronald R. Wrobel  
Steve B. Bagwell  
Laura H. Reeves  
William J. Kimmins Jr.  
David C. Sauerhoff  
John D. Castagno

#### Title

President  
Vice President  
Secretary  
Vice President and Treasurer  
Assistant Treasurer  
Vice President and Tax Controller

#### Director

Steve B. Bagwell  
Kenneth W. Reiter  
Robert M. Tallett

#### Title

Director  
Director  
Director