

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000798 (0)**

1. Corporation Name

**CAMPBELL TAGGART BAKING COMPANIES INC.**



Principal Place of Business

8400 MARYLAND AVE.  
ST. LOUIS MO 63105-3668

Mailing Address

C/O ANHEISER-BUSCH TAX DEPT.  
ONE BUSCH PLACE  
ST. LOUIS MO 63118  
US

3. Date Incorporated or Qualified <b>12/18/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>71-0051040</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

DATE Registered Agent Signed (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAFOURE, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>6211 LEMMON AVENUE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX 75209</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORCIMA, BRIAN</b>	2.2 NAME	
STREET ADDRESS	<b>6211 LEMMON AVENUE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMINS, WILLIAM J.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ST. LOUIS MO</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELSCH, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ST. LOUIS MO</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRACKEN, ELLIS</b>	5.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ST. LOUIS MO 63118</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKELS, RON</b>	6.2 NAME	
STREET ADDRESS	<b>6211 LEMMON AVE.</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>DALLAS TX</b>	6.4 CITY-STATE-ZIP	

Schedule Attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Laura Reeves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Laura H. Reeves, Secretary**

2/8/96

314-577-2359

CR2E034 (12/95)

**CAMPBELL TAGGART BAKING COMPANIES, INC.**

Delaware Corporation  
(Subsidiary of Campbell Taggart, Inc.)

(Business Address: 8400 Maryland Ave., St. Louis, MO. 63105-3668)  
OFFICERS

John W. Iselin, Jr.	President
Bryan A. Torcivia	Vice President and Assistant Secretary
Laura H. Reeves	Secretary
William J. Kimmins	Treasurer
Richard N. Hill	Assistant Treasurer
Ronald R. Nickels	Assistant Secretary
Albert R. Wunderlich	Tax Controller
John D. Castagno	Assistant Tax Controller

DIRECTORS

Ellis W. McCracken, Jr.  
Royce Estes  
John W. Iselin, Jr.

Effective 4/18/95