

1.) CORPORATION NAME:

**Casco Diversified Corporation**

DUE DATE: **11/30/2011**

SCC ID NO: **F1448630**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10877 WATSON ROAD

CITY/ST/ZIP: ST LOUIS, MO 63127-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES G GOVAIA  
TITLE: PRESIDENT  
ADDRESS: 10877 WATSON ROAD  
CITY/ST/ZIP/CO: SAINT LOUIS, MO 63127-

OFFICER

DIRECTOR

NAME: PAUL R DOERING  
TITLE: VP/TREAS/DIR  
ADDRESS: 10877 WATSON ROAD  
CITY/ST/ZIP/CO: ST LOUIS, MO 63127-

OFFICER

DIRECTOR

NAME: RALPH R SHAW  
TITLE: VICE PRESIDENT  
ADDRESS: 10877 WATSON ROAD  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63127-

OFFICER

DIRECTOR

NAME: JAMES C TEGETHOFF  
TITLE: VP/SEC  
ADDRESS: 10877 WATSON ROAD  
CITY/ST/ZIP/CO: ST LOUIS, MO 63127-

OFFICER

DIRECTOR

NAME: PAUL J HUBER  
TITLE: VICE PRESIDENT  
ADDRESS: 10877 WATSON  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63127-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PAUL R DOERING</u>	<u>PAUL R DOERING, VP/TREAS/DIR</u>	<u>11/14/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.