

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90052 014 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 832911
 1. Entity Name
E. D. & F. MAN INTERNATIONAL INC.

Principal Place of Business 440 S. LASALLE ST. 20TH FL CHICAGO IL 60605 US	Mailing Address 440 S. LASALLE ST. 20TH FL CHICAGO IL 60605 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 36-2801777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGONIA, MARY	
STREET ADDRESS	440 S LASALLE ST. 20TH FL	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, IRA	
STREET ADDRESS	29 KINCAID ROAD	
CITY-ST-ZIP	BOONTOWN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTE, THOMAS M.	
STREET ADDRESS	48 JEFFERSON AVENUE	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDNER, GARY M.	
STREET ADDRESS	14 TALL TIMBER RD	
CITY-ST-ZIP	MT KISCO NY	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	KULA, JUDITH M	
STREET ADDRESS	440 S LASALLE ST 20TH FL	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CONTROLLER / VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE SERWINSKI	
STREET ADDRESS	440 S. LASALLE ST. 20TH FL	
CITY-ST-ZIP	CHICAGO, IL 60605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Christine Serwinski Date: 1-4-00 (312) 663-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)