

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:50

DOCUMENT # 848291 (1)

1. Corporation Name
GIST-BROCADES FOOD INGREDIENTS, INC.

Principal Place of Business Mailing Address
2200 RENAISSANCE BLVD #150 2200 RENAISSANCE BLVD #150
KING OF PRUSSIA PA 19406 KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/17/1981	04/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		43-1209866	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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

11. Pursuant to the provisions of Section 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]* **TRASURER** DATE: _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, KEVIN J.	1 2 NAME	
STREET ADDRESS	2200 RENAISSANCE BLVD.	1 3 STREET ADDRESS	
CITY - ST - ZIP	KING OF PRUSSIA PA.	1 4 CITY - ST - ZIP	
TITLE	ASD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE HAAS, A. L.	2 2 NAME	
STREET ADDRESS	WATERINGSEWEG 1 2811 XT	2 3 STREET ADDRESS	
CITY - ST - ZIP	DELFT, THE NETHERLAND	2 4 CITY - ST - ZIP	
TITLE	TD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DIJK, JACOB	3 2 NAME	
STREET ADDRESS	2200 RENAISSANCE	3 3 STREET ADDRESS	
CITY - ST - ZIP	KING OF PRUSIA PA	3 4 CITY - ST - ZIP	
TITLE	ATD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIST, S. J.	4 2 NAME	
STREET ADDRESS	WATERINGSEWEG 1 2811 XT	4 3 STREET ADDRESS	
CITY - ST - ZIP	DELFT, THE NETHERLANDS	4 4 CITY - ST - ZIP	
TITLE	S	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDEL, M.	5 2 NAME	Secretary
STREET ADDRESS	2200 RENAISS BLVD STE-150	5 3 STREET ADDRESS	Karin Lutz-vander Kley
CITY - ST - ZIP	KING OF PRUSSIA PA.	5 4 CITY - ST - ZIP	Wateringseweg 1, 2811 XT
TITLE	CD	6 1 TITLE	DELFT, THE NETHERLANDS
NAME	JONGEJAN, H C	6 2 NAME	
STREET ADDRESS	WATERINGSEWEG 1	6 3 STREET ADDRESS	
CITY - ST - ZIP	DELFT TH	6 4 CITY - ST - ZIP	

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 110.07(3)(b), 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: *[Signature]* **Jack van Dijk** DATE: **march 27, 1995** **6102709211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR