

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90203 009 ***150.00

DOCUMENT # F93000003538

1. Entity Name
MERCON COFFEE CORPORATION



Principal Place of Business
**2 HUDSON PLACE
8TH FLOOR
HOBOKEN NJ 07030
US**

Mailing Address
**2 HUDSON PLACE
8TH FLOOR
HOBOKEN NJ 07030
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3121844**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALTODANO, J. ANTONIO
2132 TIGERTAIL AVENUE
COCONUT GROVE FL 33131**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BALTODANO, J. ANTONIO	
STREET ADDRESS	2132 TIGERTAIL AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENDERLIN, ANDREAS	
STREET ADDRESS	2 HUDSONPLACE 8TH FLOOR	
CITY-ST-ZIP	HOBOKEN-NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMERINI, EZEQUIEL	
STREET ADDRESS	% FOX & HORAN, 1 BROADWAY	
CITY-ST-ZIP	NY NY 10004	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALTODANO, DUILIO P	
STREET ADDRESS	2 HUDSON PLACE 8TH FLOOR	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ETKIN, RICHARD	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ 07030	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SALVADOR	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ 07030	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Salvador Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2002 *201-418-5540*
Date Daytime Phone #

CR2E034 (10/02)