

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 046 ***150.00

DOCUMENT # F97000002668

1. Entity Name
LE CREUSET OF AMERICA, INC.

Principal Place of Business Mailing Address
1 BOB GIFFORD BLVD **P.O. BOX 67**
EARLY BRANCH SC 29916 **EARLY BRANCH SC 29916-0067**
US **US**

2. Principal Place of Business 3. Mailing Address
114 Bob Gifford Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Early Branch SC

Zip Country Zip Country
29916 **US**

4. FEI Number Applied For
57-0649852 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAN ZUYDAM, PAUL V ONE BOB GIFFORD BLVD. EARLY BRANCH SC 29916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHJORRING, FINN E ONE BOB GIFFORD BLVD. EARLY BRANCH SC 29916	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GOODING, FAYE H ONE BOB GIFFORD BLVD. EARLY BRANCH SC 29916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERS, G.L. BUIST JR. 28 BROAD ST. CHARLESTON SC 29402	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELGER, JR, ANDREW J ONE BOB GIFFORD BLVD FARLY BRANCH SC 29926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VanZuydam, Paul V 114 Bob Gifford Blvd Early Branch SC 29916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Douglas Richardson 114 Bob Gifford Blvd Early Branch SC 29916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Gooding, Faye H 114 Bob Gifford Blvd Early Branch SC 29916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rivers, G.L. Buist Jr. 28 Broad St Charleston, SC 29402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Belger, Jr, Andrew J 114 Bob Gifford Blvd Early Branch SC 29916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD BARBARA O. FREEMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Barbara O. Freeman BARBARA O. FREEMAN 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)