2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State
07-31-2006 90006 018 ***550.00

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1. Entity Name
~~BEL/KAUKAUNA U.S.A., INC.~~
Bel Brands USA

V 50023583

07142006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1500 E NORTH AVE LITTLE CHUTE, WI 54140-1400 US	P.O. BOX 1974 KAUKAUNA, WI 45130

2. Principal Place of Business	3. Mailing Address
25 Northwest Point Blvd	25 Northwest Point Blvd
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: Elk Grove Village IL	City & State: Elk Grove Village IL
Zip: 60007 Country:	Zip: 60007 Country:

4. FEI Number: 22-2019556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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. 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 $550.00
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VC TROUSSIER, MICHAEL 16 BLD MALSHERBES PARIS FRANCE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELOFFRER, PHILIPPE 16 BLD MALSHERBES PARIS FRANCE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENUE, MARINR 16 BLD MALSHERBES PARIS FRANCE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILBERT, ROBERT P 486 SUNRISE BAY ROAD NEENAH, WI 54956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert P Gilbert 25 Northwest Point Blvd Elk Grove Village IL 60007	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PATZ, ALAN M 2491 IRONWOOD DRIVE GREEN BAY, WI 54303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Alan M Patz 25 Northwest Point Blvd Elk Grove Village IL 60007	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Alan Patz VP-Finance 7/26/06 (847)879-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #