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**FILED**
**May 24, 2002 8:00 am**
**Secretary of State**
02-07-2002 90246 001 ***150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002097

1. Entity Name
DEGUSSA FLAVORS & FRUIT SYSTEMS MANUFACTURING L LC

| Principal Place of Business | Mailing Address |
|---|---|
| 2021 CABOT BLVD. W<br>LANGHORN PA 19047 | 2021 CABOT BLVD. W<br>LANGHORN PA 19047 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 32-3022084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>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)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KUESTHARDT, ULI<br>LIEU DIT ST. MARGUERITE<br>GRASSE FRANCE 06332 Manager ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman<br>ANDREAS BONHOFF<br>Le Plan-B.P. 82067<br>06131 Grasse Cedex FRANCE ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MILL, JOHN - PRESIDENT<br>1741 TOMLINSON RD.<br>PHILADELPHIA PA 19116 Manager ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BAUERNFEIND, JAN VP & Treasure<br>2021 CABOT BLVD. W<br>LANGHORN PA 19047 Manager ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>VINOCUR, PETER VP + Sec.<br>23700 CHAGRIN BLVD.<br>CLEVELAND OH 44122 Manager ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FINCH, DONALD VP<br>LIEU DIT ST. MARGUERITE<br>GRASSE FRANCE 06332 Manager ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /Peter A. Vinocur SIGNATURE REQUIRED Peter A. Vinocur MGR 1.21.02 216 839 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #