

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 033 ****50.00

DOCUMENT # M99000002097

1. Entity Name
DEGUSSA FLAVORS & FRUIT SYSTEMS US, LLC



Principal Place of Business
**10311 CHESTER ROAD
CINCINNATI, OH 45215**

Mailing Address
**10311 CHESTER ROAD
CINCINNATI, OH 45215**



02112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
2322-3022084

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HUGHES, KENNETH
1741 TOMLINSON RD.
PHILADELPHIA, PA 19116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
MILL, JOHN
1741 TOMLINSON RD.
PHILADELPHIA, PA 19116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNSTON, JULIE
10311 CHESTER ROAD
CINCINNATI, OH 45215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VINOCUR, PETER
23700 CHAGRIN BLVD.
CLEVELAND, OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FINCH, DONALD
LIEU DIT ST. MARGUERITE
GRASSE FRANCE 06332,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-22-2004
513 771 4682