2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000002097

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

Principal Place of Business	Mailing Address
10311 CHESTER ROAD CINCINNATI, OH 45215	10311 CHESTER ROAD CINCINNATI, OH 45215

04052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3022084
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000515146
04/29/06-80201-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FINCH, FINCH N
STREET ADDRESS	10311 CHESTER ROAD
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	MGR
NAME	DAMIANO, THOMAS
STREET ADDRESS	10311 CHESTER ROAD
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	MGR
NAME	JOHNSTON, JULIE
STREET ADDRESS	10311 CHESTER ROAD
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	MGR
NAME	VINOCUR, PETER
STREET ADDRESS	23700 CHAGRIN BLVD.
CITY-ST-ZIP	CLEVELAND, OH 44122
TITLE	MGR
NAME	EUGENE, STAUTBERG A
STREET ADDRESS	10311 CHESTER ROAD
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	MGR
NAME	ALEX, WOO
STREET ADDRESS	10311 CHESTER ROAD
CITY-ST-ZIP	CINCINNATI, OH 45215

DO NOT WRITE IN THIS SPACE

11. 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 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 Peter A. Vinocur, MGR 4/4/06 216-839-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #