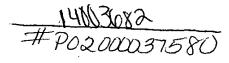
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🤝

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P02000037580 02-24-2004 90014 007 *****8.75 1. Entity Name 04-16-2004 90052 019 ***141.25 CPC INTERNATIONAL, INC. Principal Place of Business Mailing Address 6495 TRANSIT ROAD 6495 TRANSIT ROAD **BOWMANSVILLE NY 14026 BOWMANSVILLE NY 14026** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 16-1615965 Not Applicable \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMMER, DONALD L Street Address (P.O. Box Number is Not Acceptable) 😁 6096 NW 24TH STREET **BOCA RATON FL 33434** City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Apent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change CIPOUA, PASQUALE D NAME MALKE STREET ADDRESS 6495 TRANSIT ROAD STREET ADDRESS BOWMANSVILLE NY 14026 CDY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE DILE ☐ Addition RIPPER, MARY M NAME NAME STREET ADDRESS 6495 TRANSIT ROAD STREET ADDRESS CITY-ST-ZIP **BOWMANSVILLE NY 14026** CITY-ST-ZIP Joseph A. CROLLA TITLE NAME JASON, EUGENE 6495 TRANSIT-RO STREET ANDRESS STREET ADDRESS 6495 TRANSIT ROAD CITY-ST-ZIP ---CITY-ST-ZIP BOWMANSVILLE NY 14026 JOHN E. CIPOLLA 6895 TRANSIT RO TITLE ☐ Delete NAME MAINE STREET ADDRESS STREET ADDRESS ournauxVIIE, n.4 14026 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CSTY-SY-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 2/6/04 (7/6)684-9000 SIGNATURE: ME OFFICER OR DIRECTOR

FILED

attachment





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 7, 2004

81 & 3 OF FLORIDA INC. 6495 TRANSIT RD. BOWMANSVILLE, NY 14026 APR 12 2004

Upon receipt of your letter and/or check(s) totaling \$141.25, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Brenda Tadlock Senior Section Administrator

Letter Number: 504A00022850

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प्रदास्त्र कराने । १८८५ व