


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

02-24-2004 90014 007 *****8.75
 04-16-2004 90052 019 ***141.25

DOCUMENT # P02000037580
 1. Entity Name
CPC INTERNATIONAL, INC.



Principal Place of Business: **6495 TRANSIT ROAD BOWMANVILLE NY 14026**
 Mailing Address: **6495 TRANSIT ROAD BOWMANVILLE NY 14026**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **16-1615965**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

14003682



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SUMMER, DONALD L
6096 NW 24TH STREET
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIPOUA, PASQUALE D	
STREET ADDRESS	6495 TRANSIT ROAD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIPPER, MARY M	
STREET ADDRESS	6495 TRANSIT ROAD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JASON, EUGENE	
STREET ADDRESS	6495 TRANSIT ROAD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joseph A. Cipolla	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph A. Cipolla	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE, NY 14026	
TITLE	JOHN E. Cipolla	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN E. Cipolla	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE, NY 14026	
TITLE	Penny D Cipolla	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny D Cipolla	
STREET ADDRESS	6495 TRANSIT RD	
CITY-ST-ZIP	BOWMANVILLE NY 14026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Joseph A. Cipolla **2/6/04 (716) 684-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment



14003082
#P02000037580

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 7, 2004

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

RECEIVED
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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 504A00022850

(850) 245-6911
If you have any questions concerning the filing of your document, please call
Please return a copy of this letter to ensure your money is properly credited.