

2005 FOR PROFIT CORPORATION REINSTATEMENT

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		City & State		4. FEI Number 16-1615965	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>Joseph A. Cippola</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>10/20/05</i> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIPOUA, PASQUALE D 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061042333 10/31/05--01042--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPPER, MARY M 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIPOLLA, JOSEPH A 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPOLLA, JOHN E 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JAC</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPOLLA, PENNY D 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Joseph A. Cippola</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>President</i> <small>Date</small>		<i>10/20/05 716-684-9000</i> <small>Daytime Phone #</small>	

FILED
05 OCT 31 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

FL Zip Code