FILED Jun 07, 2007 8:00 am Secretary of State 06-07-2007 90004 047 ***150.00 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number 16-1615965 Not Applicable \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P02000037580 1. Enlity Name CPC INTERNATIONAL, INC. Jun 07, 2007 8:00 Secretary of Stat 06-07-2007 90004 047 ***150.00

Country

Namo

Mailing Address

3. Mailing Address
Suite, Apt. #, etc.

City & State

6495 TRANSIT ROAD BOWMANSVILLE NY 14026

Principal Place of Business

2. Principal Placo of Business - No P.O. Box #

SUMMER, DONALD L

SIGNATURE: SIGNATURE

Country

6. Name and Address of Current Registered Agent

6495 TRANSIT ROAD BOWMANSVILLE NY 14026

Suite. Apt. #. etc.

City & State

Zip

6096 NW 24TH STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33434								
			City		FL	Zip Code	· · · · · · · · · · · · · · · · · · ·	
8. The above named entity submits this statement for the purpose of changing its registered effice 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 intribut varied of registered agent this table is annacable. INDIT Tempstered Agent signature required when variety constitute). DATE								
FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee Wil! Be \$550.00 Make Check Payable to Florida Department of State					lection Campaign Financing ust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AND D	RECTORS	IN II	
TETH NAME STEEL LADDRESS GUY SE ZIP	PD CIPOUA, PASQUALE D 6495 TRANSIT ROAD BOWMANSVILLE NY 14026	Delete	HITE NAME STREET ADORESS CITY SEZIP			_ Change	Addition	
HIM NAMI SHEET ADDRESS CHY ST-ZIP	S RIPPER, MARY M 6495 TRANSIT ROAD BOWMANSVILLE NY 14026	□ Defete	HILL NAME SHIFT ADDIESS CITY-SC-ZIP			Change	Addition	
IDEF NAZAL STEEL LADERUSS CHY ST-ZIP	T CIPOLLA, JOSEPH A 6495 TRANSIT ROAD BOWMANSVILLE NY 14026	☐ Delcic	THE HAME SHAFE ADOPT SS CHY SI ZEF		C] Change	Addition	
HILL NAME SEELE ADDRESS OBY SEVE	VP CIPOLLA, JOHN E 6495 TRANSIT ROAD BOWMANSVILLE NY 14026	☐ Defelo	HILL HAMI SIRELT ADDRESS CITY SI ZIP			Change	Addilion	
HILL NAME SUMMIT ADDRESS CITY SE-701	VP CIPOLLA, PENNY D 6495 TRANSIT ROAD BOWMANSVILLE NY 14026	☐ Deleic	THE NAME SHEEF ADDRESS CITY SEZIP] Change	Addition	
NAM SIPPLEADDRESS CITY S1-ZP		☐ Delete	HITE NAME SIRELLADORESS CHY SE-ZIP		[] Change	Addition	
12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19. 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 eath, 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 altachment with an address, with all other like empowered.								