

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90348 005 ***150.00

0612978 AV

DOCUMENT # P13407	
1. Entity Name CHIQUITA CITRUS PACKERS, INC.	

Principal Place of Business C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202	Mailing Address C/O TAX DEPARTMENT 250 E FIFTH ST. 27TH FLOOR CINCINNATI OH 45202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 04-2476807		Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	V <input type="checkbox"/> Delete
NAME	TATE, JOHN M
STREET ADDRESS	250 EAST FIFTH ST.
CITY-ST-ZIP	CINCINNATI OH 45208
TITLE	VD <input type="checkbox"/> Delete
NAME	TSACALIS, WILLIAM A.
STREET ADDRESS	250 EAST FIFTH ST.
CITY-ST-ZIP	CINCINNATI OH
TITLE	VSD <input type="checkbox"/> Delete
NAME	ROBERT W. OLSON
STREET ADDRESS	250 EAST FIFTH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	DP <input type="checkbox"/> Delete
NAME	WILEY, JAMES H
STREET ADDRESS	250 EAST FIFTH ST.
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	V <input type="checkbox"/> Delete
NAME	BRADLEY, JOSEPH W
STREET ADDRESS	250 EAST FIFTH STREET
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	VT <input type="checkbox"/> Delete
NAME	BYRON, CARLA A
STREET ADDRESS	250 EAST FIFTH STREET
CITY-ST-ZIP	CINCINNATI OH 45202

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	<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	

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:  **SIGNATURE REQUIRED** Joseph W. Bradley 04/08/03 (513) 784-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

~~Attachment~~ 90097846
D13407

CHIQUITA CITRUS PACKERS, INC.

Additional Officers

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Riley, James B.	Vice President	250 East Fifth St. Cincinnati, OH 45202
Freyberger, Kurt A.	Controller	250 East Fifth St. Cincinnati, OH 45202
Mendez, Mario A.	Assistant Controller	250 East Fifth St. Cincinnati, OH 45202
Howland, Barbara M.	Assistant Secretary	250 East Fifth St. Cincinnati, OH 45202