

# 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**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2476807** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TATE, JOHN M</b>	
STREET ADDRESS	<b>250 EAST FIFTH ST.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45208</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TSACALIS, WILLIAM A.</b>	
STREET ADDRESS	<b>250 EAST FIFTH ST.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERT W. OLSON</b>	
STREET ADDRESS	<b>250 EAST FIFTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WILEY, JAMES H</b>	
STREET ADDRESS	<b>250 EAST FIFTH ST.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRADLEY, JOSEPH W</b>	
STREET ADDRESS	<b>250 EAST FIFTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>BYRON, CARLA A</b>	
STREET ADDRESS	<b>250 EAST FIFTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	

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	
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~~  
# D13407

90097846

**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