

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 JUN 19 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P25305 (4)**

1. Corporation Name  
**BRANDEVOR USA, INC.**

Principal Place of Business Mailing Address  
**8567 154TH AVE. NE  
REDMOND WA 98052**      **8567 154TH AVE. NE  
REDMOND WA 98052**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1989**      3a. Date of Last Report **04/27/1994**

2. Principal Place of Business      2a. Mailing Address

21      26

4. FEI Number **91-1259328**      Applied For Not Applicable

22      27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23      28

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

24      25      29      30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City  
**FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>IMERSON, ROBERT M.</b>
STREET ADDRESS	<b>8567-154TH AVE. NE</b>
CITY, ST, ZIP	<b>REDMOND WA 98052</b>
TITLE	<b>S</b>
NAME	<b>JOEHNK, CHERYL</b>
STREET ADDRESS	<b>8567-154TH AVE. NE</b>
CITY, ST, ZIP	<b>REDMOND WA 98052</b>
TITLE	<b>V</b>
NAME	<b>MCCARL, RON</b>
STREET ADDRESS	<b>500 E. 4TH ST.</b>
CITY, ST, ZIP	<b>DUBUQUE IA 52001</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>100001521681</b>
13 STREET ADDRESS	<b>-06/23/95--01029--021</b>
14 CITY, ST, ZIP	<b>****225.00 ****225.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and that it complies for the corporation stated in Section 119.02(b)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald McCarl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95