

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: **8567 154TH AVE. NE REDMOND WA 98052**
Mailing Address: **8567 154TH AVE. NE REDMOND WA 98052**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/25/1989	3a. Date of Last Report 06/19/1995
21. State, Apt #, etc.	26. State, Apt #, etc.	4. FEI Number 91-1359328	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	IMERSON, ROBERT M.	1.2 NAME	
3. STREET ADDRESS	8567-154TH AVE. NE REDMOND WA 98052	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	S	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	JOEHNK, CHERYL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	8567-154TH AVE. NE REDMOND WA 98052	2.2 NAME	
7. STREET ADDRESS	V	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	MCCARL, RON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	500 E. 4TH ST. DUBUQUE IA 52001	3.2 NAME	
11. STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: **Robert Imerson** 1-24-96 202-881-5095

CR2E034 (12/95)