

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 832911

(2)

1. Corporation Name

E. D. & F. MAN INTERNATIONAL INC.

Principal Place of Business

440 S. LASALLE ST.
20TH FL.
CHICAGO IL 60605
US

Mailing Address

440 S. LASALLE ST.
20TH FL.
CHICAGO IL 60605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1974

3a. Date of Last Report

04/01/1996

4. FEI Number

36-2801777

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME BENNETT, NED W.
STREET ADDRESS 1010 SUNSET ROAD
CITY-ST-ZIP HIGHLAND PARK-IL

TITLE ☐ DELETE

NAME POLK, IRA
STREET ADDRESS 29 KINCAID ROAD
CITY-ST-ZIP BOONTOWN NJ

TITLE ☐ DELETE

NAME HARTE, THOMAS M.
STREET ADDRESS 48 JEFFERSON AVENUE
CITY-ST-ZIP SHORT HILLS NJ

TITLE ☐ DELETE

NAME RIDNER, GARY M.
STREET ADDRESS 440 WEST END AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☒ DELETE

NAME LEDVORA, ROBERT
STREET ADDRESS 440 S. LASALLE ST. 20TH FL.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME OURLEY, JAMES R.
STREET ADDRESS 62 E. QUAIL RD
CITY-ST-ZIP LAKE FOREST IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME MARY BERGONIA
1.3 STREET ADDRESS 99 BATTERY PARK PLACE
1.4 CITY-ST-ZIP NEW YORK, NY 10280

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 14 TALL TIMBER ROAD
4.4 CITY-ST-ZIP MT. KISCO, NY 10549

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME LEE MEYER
5.3 STREET ADDRESS 440 S. LASALLE ST., 20 FL
5.4 CITY-ST-ZIP CHICAGO, IL 60605

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME WILLIAM ARENNAN
6.3 STREET ADDRESS 440 S. LASALLE ST., 20 FL
6.4 CITY-ST-ZIP CHICAGO, IL 60605

14. I do 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 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:

[Signature]

8/18/97

312-663-7500

CR2E034 (4/97)