

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 031 \*\*\*150.00

DOCUMENT # **P21599** ✓

1. Entity Name

Chiquita Tropical Products Company

**DO NOT WRITE IN THIS SPACE**

**668069**

2. Principal Place of Business c/o Tax Dept.; 250 E. Fifth St. Suite, Apt. #, etc. 27th Floor		3. Mailing Address c/o Tax Dept.; 250 E. Fifth St. Suite, Apt. #, etc. 27th Floor	
City & State Cincinnati, OH		City & State Cincinnati, OH	
Zip 45202	Country USA	Zip 45202	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3286313	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road	
City Plantation,	FL Zip Code 33324

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/V/S Robert W. Olson 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/V William A. Tsacalis 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P James H. Wiley 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/T Carla A. Byron 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Joseph W. Bradley 150 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V John M. Tate 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY- ST- ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Joseph W. Bradley

04/26/02

(513) 784-8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)