

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001712

Entity Name: DIVERSIFIED CPC INTERNATIONAL, INC.

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

24338 WEST DURKEE ROAD
CHANNAHON, IL 60410

New Principal Place of Business:

Current Mailing Address:

24338 WEST DURKEE ROAD
CHANNAHON, IL 60410

New Mailing Address:

FEI Number: 36-3802309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AURIEMMA, WILLIAM M
Address: 24338 WEST DURKEE ROAD
City-St-Zip: CHANNAHON, IL 33324

Title: CFO () Delete
Name: CAPONIGRI, PAUL
Address: 24338 WEST DURKEE ROAD
City-St-Zip: CHANNAHON, IL 33324

Title: S () Delete
Name: SCHEUER, JILL C
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: TSUJI, YASUHIRO D
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: AURIEMMA, WILLIAM N
Address: 24338 WEST DURKEE ROAD
City-St-Zip: CHANNAHON, IL 33324

Title: D () Delete
Name: DERKACH, MICHAEL
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAPONIGRI, PAUL CFO
Address: 24338 WEST DURKEE ROAD
City-St-Zip: CHANNAHON, IL 33324

Title: D (X) Change () Addition
Name: TOKUMITSU, KEI
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: D (X) Change () Addition
Name: SUTO, TATSUYA
Address: 600 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A. CAPONIGRI

CFO

01/24/2007

Electronic Signature of Signing Officer or Director

Date