

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 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 # 821522

(0)

1. Corporation Name
BUNGE CORPORATION

Principal Place of Business

11720 BORMAN DR.
ST. LOUIS MO 63146

Mailing Address

11720 BORMAN DR.
ST. LOUIS MO 63146-4129



3. Date Incorporated or Qualified

06/04/1968

3a. Date of Last Report

05/01/1996

4. FEI Number

13-4977260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME FOX, THEODORE P.
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE PD ☐ DELETE

NAME KLEIN, JOHN
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE SVP ☐ DELETE

NAME KERWIN, RICHARD G.
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE SVP ☐ DELETE

NAME SCHARF, MICHAEL M.
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE SD ☐ DELETE

NAME WARSCHAUER, MURRAY H
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE AC ☐ DELETE

NAME THEBEAU, GREGORY L.
STREET ADDRESS 11720 BORMAN DR.
CITY-ST-ZIP ST. LOUIS MO

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Thebeau

4/24/97

314-994-6554

Date Daytime Phone #

CR2E034 (9/96)