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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 821522

**BUNGE CORPORATION** 

(0)

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	ng Address					••	
11720 BORMA	N DR.	11720 BORMAN DR.							
8T. LOUIS MO 63146		ST. LOUIS MO 63146	ST. LOUIS MO 63146			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	V IIIIO OF	ACL	· · · · · ·
						06/04/1968			
6 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		ΙIΔ	pplied For
	ROW OF BUSINESS	<u>├-</u> ┐				13-4977260		h	lot Applicable
Suite, Apt.	# ato	Suite, Apt. #, etc.				<del> </del>			Additional
22 Suite, Apt.	π, θιο.	_ <b>_</b>	27			5. Certificate of Status Desired			teguired
City & State	3		City & State			6. Election Campaign Financing			) May Be
23		<b>├</b> ── `	28						to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid	the curre	nt year Ir	ntangible
24	25	29	30			Personal Property Tax due June 3	_		□No
	9. Name and Address of Curre	ent Registered Agent	<u> </u>			10. Name and Address of New Regi	stered Ag	ent	
UNITED STATES CORPORATION COMPANY					Name				
1201 HAYS STREET					Street Addre	ss (P.O. Box Number is Not Acceptable	1		
b .	TE 105		82 Street Addr			iss (1.0. box realmost is frot recopitation	,		
1	LAHASSEE FL 32301		8	3					-
			-					ee 7in	Code
			8	4	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statul	es, the abo	V0-:	named corpo	oration submits this statement for the pur	rnose of o	hanging	its registered
office or registered agent, or both, in the State of Horizon State of Horizon State of State of State of Horizon State of Hor									
<b>1</b> -									
SIGNATURE Signature, typicd or printed name of registered agent and tills if applicable. (NOTE: Registered					t signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		_	
TITLE	C	☐ DELETE	1.1 TITLE				L	_  Change	Addition
NAME	FOX, THEODORE P.		1.2 NAM	ξ					
STREET ADDRESS	11720 BORMAN DR.		1.3 STRE	ET A	address				ļ
CITY-ST-ZIP			1.4 CITY	1.4 CITY - ST - ZIP					
TITLE			21 TITLE	21 TITLE			L	Change	Addition
NAME	KLEIN, JOHN		22 NAM	E					
STREET ADDRESS	11720 BORMAN DR.		2 3 STREET ADDR		ODRESS				
CITY-ST-ZIP	ST. LOUIS MO		2 4 CITY-ST-ZIP		- ZIP				
TITLE			3 1 THILE	E			L	Change	☐ Addition
NAME	KERWIN, RICHARD G.		3.2 NAM	3.2 NAME					
STREET ADDRESS	11720 BORMAN DR.		33 STRE	ET A	ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		3.4. CITY	/-\$T	- ZIP			_	
TITLE	8VP	☐ DEL <b>E</b> TE	4.1 TITLE	F				Change	Addition
NAME	SCHARF, MICHAEL M.		4.2 NAM	AE.					
STREET ADDRESS	11720 BORMAN DR.		4.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY	-ST-	-ZIP				
TITLE	SD	DELETE	5.1 TITLE	F				Change	Addition
NAME	WARSCHAUER, MURRAY H 52		5.2 NAM	E					
STREET ADDRESS	11720 BORMAN DR.		5.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY	- 51-	- ZIP				
TITLE	AC	☐ DELETE	6.1 TITLE	E				Change	Addition
NAME	THEBEAU, GREGORY L.		6.2 NAM	E					
STREET ADDRESS	11720 BORMAN DR.				ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		6.4 CITY						
0111-01-54			3.10111						

Thereby 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 informatio 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 of 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 attacting with an address.