

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90113 012 \*\*\*150.00

**DOCUMENT # 821522**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1968

4. FEI Number

13-4977260

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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ROEBUCK, KAREN D.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Gregory L. Thebeau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99  
Date

314-994-6554  
Daytime Phone #

CR2E034 (11/98)