

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 825182**1. Entity Name  
CENTRAL SOYA COMPANY, INC.

Principal Place of Business	Mailing Address
110 W BERRY ST SUITE 1500 FORT WAYNE 468011400	110 W BERRY ST SUITE 1500 FORT WAYNE 468011400
US	IN

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**35-0221100**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION FL  
33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ **04/12/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEED ADRIAN	
STREET ADDRESS	1500 FT WAYNE NATL BNK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

TITLE	D	<input type="checkbox"/> Delete
NAME	MELONI STEFANO	
STREET ADDRESS	1500 FT WAYNE NATL BNK BLDG	
CITY-ST-ZIP	FT. WAYNE IN	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELONI STEFANO	
STREET ADDRESS	1500 FT WAYNE NATL BNK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

TITLE	V	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM B.	
STREET ADDRESS	1500 FT WAYNE NATL BNK BLDG	
CITY-ST-ZIP	FT. WAYNE IN	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, WILLIAM B.	
STREET ADDRESS	1500 FT WAYNE NATL BNK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

TITLE	S	<input type="checkbox"/> Delete
NAME	QUINLAN, TERRENCE E.	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLAN, TERRENCE E.	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

TITLE	TAS	<input type="checkbox"/> Delete
NAME	BACKSTROM, A. GERALD	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN	

TITLE	TAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, A. GERALD	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

TITLE	V	<input type="checkbox"/> Delete
NAME	HARVARD ANDREW C.	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVARD ANDREW C.	
STREET ADDRESS	1500 FT WAYNE NATL BANK BLDG	
CITY-ST-ZIP	FT. WAYNE IN 46802	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: A. GERALD BACKSTROM****TAS****04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**GREG A. KLEINER - AT**  
**1500 FT WAYNE NATL BANK BLDG**

**FORT WAYNE, IN 46802**

**T. EDWARD TROGDON - V**  
**1500 FT WAYNE NATL BANK BLDG**

**FORT WAYNE, IN 46802**

**JAMES P. MCCARTHY - V**  
**1500 FT WAYNE NATL BANK BLDG**

**FORT WAYNE, IN 46802**

**JOHN L. BRATTEN - V**  
**1500 FT WAYNE NATL BANK BLDG**

**FORT WAYNE, IN 46802**

**CARL L. HAUSMANN- PD**  
**1500 FT WAYNE NATL BANK BLDG**

**FORT WAYNE, IN 46802**