


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90658 045 \*\*\*150.00

<b>DOCUMENT # 825182</b> 1. Entity Name <b>BUNGE NORTH AMERICA (EAST), INC.</b>					
Principal Place of Business <b>110 W BERRY ST SUITE 1500 FORT WAYNE, IN 46801-1400 US</b>			Mailing Address <b>110 W BERRY ST SUITE 1500 FORT WAYNE, IN 46801-1400 US</b>		
2. Principal Place of Business <b>11720 Borman DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>11720 Borman DR.</b> Suite, Apt. #, etc.			
City & State <b>St. Louis, MO</b> Zip <b>63146</b> Country <b>USA</b>		City & State <b>St. Louis, MO</b> Zip <b>63146</b> Country <b>USA</b>		4. FEI Number <b>35-0221100</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSMANN, CARL L 110 W BERRY ST, SUITE 1500 FT. WAYNE, IN 46802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BACKSTROM, GERALD A TREAS 110 W BERRY ST, SUITE 1500 FT. WAYNE, IN 46802	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUINLAN, TERRENCE E VSEC 110 W BERRY ST, SUITE 1500 FT. WAYNE, IN 46802	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, WILLIAM B V 110 W BERRY ST, SUITE 1500 FT. WAYNE, IN 46802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEUX, HENRI 110 W BERRY ST, SUITE 1500 FORT WAYNE, IN 468011400	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, JAMES P 110 W BERRY ST, SUITE 1500 FORT WAYNE, IN 468011400	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO Michael M. Scharf 11720 Borman DR. St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Philip W. Staggs 11720 Borman DR. St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew J. Burke Somain St., 6th Floor White Plains, NY 10606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS David G. Kabbes 11720 Borman DR. St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Karen D. Roebuck</u> VICE PRESIDENT + CONTROLLER 4/24/04 314-292-2554</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					