

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 26 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832911 (2)**  
 1. Corporation Name  
**E. D. & F. MAN INTERNATIONAL INC.**



Principal Place of Business		Mailing Address	
440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US		440 S. LASALLE ST. 20TH FL. CHICAGO IL 60605 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/21/1974	04/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	36-2801777	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Zip	Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/21/1974	04/01/1996
4. FEI Number	Applied For
36-2801777	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, NED W.	
STREET ADDRESS	1010 SUNSET ROAD	
CITY-ST-ZIP	HIGHLAND PARK-IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLK, IRA	
STREET ADDRESS	29 KINCAID ROAD	
CITY-ST-ZIP	BOONTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTE, THOMAS M.	
STREET ADDRESS	48 JEFFERSON AVENUE	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDNER, GARY M.	
STREET ADDRESS	440 WEST END AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEDVORA, ROBERT	
STREET ADDRESS	440 S. LASALLE ST. 20TH FL.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OURLEY, JAMES R.	
STREET ADDRESS	62 E. QUAIL RD	
CITY-ST-ZIP	LAKE FOREST IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY BERGONIA	
1.3 STREET ADDRESS	99 BATTERY PARK PLACE	
1.4 CITY-ST-ZIP	NEW YORK, NY 10280	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	14 TALL TIMBER ROAD	
4.4 CITY-ST-ZIP	MT. KISCO, NY 10549	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEE MEYER	
5.3 STREET ADDRESS	440 S. LASALLE ST., 20 FL	
5.4 CITY-ST-ZIP	CHICAGO, IL 60605	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM BRENNAN	
6.3 STREET ADDRESS	440 S. LASALLE ST, 20 FL	
6.4 CITY-ST-ZIP	CHICAGO, IL 60605	

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: \_\_\_\_\_ 8/18/97 312-663-7500

CR2E034 (4/97)