

***FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835327 (8)

1. Corporation Name

BUNGE COMMUNICATIONS CORPORATION

Principal Place of Business

**11720 BORMAN ROAD
PO BOX 28500
ST LOUIS MO 63146**

Mailing Address

**11720 BORMAN ROAD
PO BOX 28500
ST LOUIS MO 63146**



3. Date Incorporated or Qualified
11/04/1975

3a. Date of Last Report
05/01/1995

4. FEI Number
13-2727334

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATE CORPORATION SYSTEM
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301**

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 ☐ DELETE
NAME **PD KLEIN, JOHN E.**
STREET ADDRESS **11720 BORMAN DR**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE ☐ DELETE
NAME **SD WARSCHAUER, MURRAY H.**
STREET ADDRESS **11820 BORMAN DR**
CITY-ST-ZIP **ST. LOUIS MO**

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

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

TITLE ☐ DELETE
NAME **T MARCHIONY, FRANCIS X**
STREET ADDRESS **11720 BORMAN DRIVE**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE ☐ DELETE
NAME **V SCHARF, MICHAEL**
STREET ADDRESS **11720 BORMAN DR**
CITY-ST-ZIP **ST. LOUIS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gregory L. Thebeau

Gregory L. Thebeau
Assistant Controller

4/30/96

314-994-6557

Date

Daytime Phone #

CR2E034 (12/95)

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BUNGE COMMUNICATIONS CORPORATION

DIRECTORS:

John E. Klein
Murray H. Warschauer

OFFICERS:

John E. Klein
Michael M. Scharf
Murray H. Warschauer
Francis X. Marchiony
Theodore P. Fox
Gregory L. Thebeau

President
Senior Vice President
Secretary
Treasurer
Controller
Assistant Controller

MAILING ADDRESS:

11720 Borman Drive, St. Louis, MO 63146