

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # F00000003568

1. Entity Name
SAPUTO CHEESE USA INC.



Principal Place of Business
**25 TRI-STATE OFFICE CENTER, SUITE 250
LINCOLNSHIRE, IL 60069**

Mailing Address
**25 TRI-STATE CTR, SUITE 250
ATTN: LEGAL DEPT
LINCOLNSHIRE, IL 60069**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1629977

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAPUTO, LINO A
STREET ADDRESS 6869 METROPOLITAIN BLVD. EAST
CITY-ST-ZIP SAINT LEONARD, QUEBEC, CANADA,

TITLE VP
NAME SAPUTO, EMANUELE
STREET ADDRESS 6869 METROPOLITAIN BLVD. EAST
CITY-ST-ZIP SAINT LEONARD, QUEBEC, CANADA,

TITLE ST
NAME CARRIERE, LOUIS-PHILIPPE
STREET ADDRESS 6869 METROPOLITAIN BLVD. EAST
CITY-ST-ZIP SAINT LEONARD, QUEBEC, CANADA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000257654
03/10/05-80009-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Louis-Philippe Carrier 3-1-05 847-267-1129