# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # F03000001429

1. Entity Name
BOON EDAM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4050 S. 500 W.<br>SALT LAKE CITY, UT 84123 | 4050 S. 500 W.<br>SALT LAKE CITY, UT 84123 |

**DO NOT WRITE IN THIS SPACE**

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
87-0451902

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRACY, GLEN P
11438 WATERFORD VILLAGE DRIVE
FT. MYERS, FL 33913

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | HUBER, NIELS |
| STREET ADDRESS | AMBACHTSTRAAT 4 - 1135 GG - 1135 ZG |
| CITY-ST-ZIP | EDAM, THE NETHERLANDS, |
| TITLE | D |
| NAME | KERSEY, NICK |
| STREET ADDRESS | AMBACHTSTRAAT 4 - 1135 GG - 1135 ZG |
| CITY-ST-ZIP | EDAM, THE NETHERLANDS, |
| TITLE | DP |
| NAME | BUNKALL, DAVID |
| STREET ADDRESS | 4050 S. 500 W. |
| CITY-ST-ZIP | SALT LAKE CITY, UT 84123 |
| TITLE | DVST |
| NAME | CALL, BRIAN G |
| STREET ADDRESS | 4050 S. 500 W. |
| CITY-ST-ZIP | SALT LAKE CITY, UT 84123 |
| TITLE | V |
| NAME | BORTO, MARK G |
| STREET ADDRESS | 5324 VELVET BENT COURT |
| CITY-ST-ZIP | NAPERVILLE, IL 60564 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000007566
01/20/04-80018-023 150.00

**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:** Brian G Call VP/Sec/Treas. 10-15-04 801-261-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #