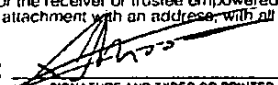
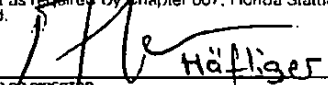


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DIVISION OF CORPORATIONS

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000006678					
1. Entity Name TETRA LAVAL FINANCE & TREASURY BESLOTEN VENNOOTSCHAP CO.					
Principal Place of Business AMSTELDIJK 166, 1079 LH AMSTERDAM THE NETHERLANDS,			Mailing Address AMSTELDIJK 166, 1079 LH AMSTERDAM THE NETHERLANDS,		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANTHONY, JOHN A SUITE 2200, 201 N. FRANKLIN STREET GRAYROBINSON ATTORNEYS TAMPA, FL 33601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required with filing) 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAFLIGER, MARC AV. DU GENERAL 70 1009 PULLY, SWITZERLAND, ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SVANSTROM, CARL-GUSTAV AV. DU GENERAL GUISSAN 70 1009 PULLY, SWITZERLAND, ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOOIJ, INGE AMSTELDIJK 166, 1079 LH AMSTERDAM THE NETHERLANDS, ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  MOOIJ INGE  HAFLIGER MARC March 16, 2005					