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SECRETARY OF STATE
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	Mailing Address
AMSTELDIJK 166, 1079 LH AMSTERDAM THE NETHERLANDS,	AMSTELDIJK 166, 1079 LH AMSTERDAM THE NETHERLANDS,

02252005 Chg-P CR2E034 (10/03)

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 [X] 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 accep 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			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	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC SVANSTROM, CARL-GUSTAV AV. DU GENERAL GUISAN 70 1009 PULLY, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additi
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	☐ Change ☐ Additi
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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 directo 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 Häfliger Marc March, 16, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #