

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002423 (1)**

1. Corporation Name

AMERICAN INGREDIENTS COMPANY

Principal Place of Business

**3947 BROADWAY
KANSAS CITY MO 64111**

Mailing Address

**3947 BROADWAY
KANSAS CITY MO 64111-2518**

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

44-0509866

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 ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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	PAS	<input type="checkbox"/> DELETE
NAME	COSNER, JERRY L	
STREET ADDRESS	9839 BRIAR	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONEYMAKER, JOHN R	
STREET ADDRESS	9808 KNOX LANE	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASA, ROGER W	
STREET ADDRESS	6404 N.W. 70 STREET APT. 304	
CITY- ST- ZIP	KANSAS CITY MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KRICHIVER, JOEL	
STREET ADDRESS	11507 KNOX	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLIHAN, JAMES C	
STREET ADDRESS	37 TELVA RD.	
CITY- ST- ZIP	WILTON CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOLT, HERMAN	
STREET ADDRESS	1901 MH CASTRICUM	
CITY- ST- ZIP	THE NETHERLANDS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joel Krichiver VP Finance 4-22-97

(816) 661-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0483475

CR2E034 (9/96)