

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 035 ***150.00

DOCUMENT # F94000002423

1. Corporation Name

AMERICAN INGREDIENTS COMPANY

Principal Place of Business

**3947 BROADWAY
KANSAS CITY MO 64111**

Mailing Address

**3947 BROADWAY
KANSAS CITY MO 64111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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 66214	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SKOGERSON, LAWRENCE	
STREET ADDRESS	9023 W 101 TERRACE	
CITY-ST-ZIP	OVERLAND PARK KS 66214	
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	KRICHIWER, JOEL	
STREET ADDRESS	11507 KNOX	
CITY-ST-ZIP	OVERLAND PARK KS 66214	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COUHAN, JAMES C	
STREET ADDRESS	37 TELVA RD.	
CITY-ST-ZIP	WILTON CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VINK, JAAP A.J.	
STREET ADDRESS	ARISTOTELESLAAN 3707 E1 ZEIST	
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 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, with all other like empowered.

SIGNATURE:

Joel Krichiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (816) 561-9050

CR2E034 (1/98)