

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002423

1. Entity Name

AMERICAN INGREDIENTS COMPANY

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90937 036 ***150.00

Principal Place of Business	Mailing Address
3947 BROADWAY KANSAS CITY MO 64111	3947 BROADWAY KANSAS CITY MO 64111-2516

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	44-0509866	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PAS	TITLE	
NAME	COSNER, JERRY L	NAME	
STREET ADDRESS	9839 BRIAR	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66214	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SKOGERSON, LAWRENCE	NAME	
STREET ADDRESS	9023 W 101 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66214	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	MASA, ROGER W	NAME	
STREET ADDRESS	6404 N.W. 70 STREET APT. 304	STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	KRICHIWER, JOEL	NAME	
STREET ADDRESS	11507 KNOX	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66214	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	COLIHAN, JAMES C	NAME	
STREET ADDRESS	37 TELVA RD.	STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	VINK, JAAP A.J.	NAME	
STREET ADDRESS	ARISTOTELES LAAN 3707 E1 ZEIST	STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS :)	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel Krichiver VP Finance 4-25-00 816-561-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)