

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 042 \*\*\*550.00

**DOCUMENT # F94000002423**

1. Entity Name  
**AMERICAN INGREDIENTS COMPANY**



Principal Place of Business  
**3947 BROADWAY  
KANSAS CITY, MO 64111**

Mailing Address  
**3947 BROADWAY  
KANSAS CITY, MO 64111**

**54054609**



05102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**44-0509866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PAS  
NAME ASHTON, WILLIAM R  
STREET ADDRESS 1321 NORTHWEST 47TH STREET  
CITY-ST-ZIP KANSAS CITY, MO 64116

TITLE V  
NAME SKOGERSON, LAWRENCE  
STREET ADDRESS 2801 W 67TH TERR  
CITY-ST-ZIP MISSION HILLS, KS 66208

TITLE DVC  
NAME VAN DER WEL, PAUL  
STREET ADDRESS 21925 N. CAMBRIDGE  
CITY-ST-ZIP KILDEER, IL 60047

TITLE V  
NAME KRICHIVER, JOEL  
STREET ADDRESS 6404 NW 70TH ST APT304  
CITY-ST-ZIP SHAWNEE MISSION, KS 66210

TITLE S  
NAME COLIHAN, JAMES C  
STREET ADDRESS 37 TELVA RD.  
CITY-ST-ZIP WILTON, CT 06897

TITLE CD  
NAME VINK, JAAP A.J.  
STREET ADDRESS ARISTOTELES LAAN 3707 E1 ZEIST  
CITY-ST-ZIP THE NETHERLANDS ;),

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Joel Krichiver* VP Finance **JOEL KRICHIVER** (816) 561-9050 5/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #