## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000002423

Entity Name: AMERICAN INGREDIENTS COMPANY

FILED May 01, 2006 Secretary of State

| Current Principal Place of Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                               | New Principal Place           | New Principal Place of Business:  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|-------------------------------|-----------------------------------|--|
| 3947 BROADWAY<br>KANSAS CITY, MO 64111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                               |                               |                                   |  |
| Current Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                               | New Mailing Addres            | New Mailing Address:              |  |
| 3947 BROADWAY<br>KANSAS CITY, MO 64111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                               |                               |                                   |  |
| FEI Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 44-0509866                      | FEI Number Applied For ( )    | FEI Number Not Applicable ( ) | Certificate of Status Desired ( ) |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                               |                               |                                   |  |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                               |                               |                                   |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                               |                               |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Electronic                      | Signature of Registered Agent | İ                             | Date                              |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                                                                                                                                                                                                                                                                                                   |                                 |                               |                               |                                   |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PAS ()E                         | Delete                        | Title:                        | ( ) Change ( ) Addition           |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ASHTON, WILLIA                  |                               | Name:                         | () change () channel.             |  |
| Address:<br>City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1321 NORTHWE:<br>KANSAS CITY, M | ST 47TH STREET<br>IO 64116    | Address:<br>City-St-Zip:      |                                   |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V ()[                           | Delete                        | Title:                        | ( ) Change ( ) Addition           |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SKOGERSON, LA                   |                               | Name:                         |                                   |  |
| Address:<br>City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2801 W 67TH TE MISSION HILLS,   |                               | Address:<br>City-St-Zip:      |                                   |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                               |                               |                                   |  |
| Title:<br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Delete<br>BEINARD             | Title:                        | ( ) Change ( ) Addition           |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLANTENBERG,<br>21925 N. CAMBR  |                               | Name:<br>Address:             |                                   |  |
| City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | KILDEER, IL 600                 |                               | City-St-Zip:                  |                                   |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VPF ()[                         | Delete                        | Title:                        | ( ) Change ( ) Addition           |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LEWIS, ROGER                    |                               | Name:                         | ( ) onlings ( ) / wallion         |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6218 WEST 1587                  | TH PLACE                      | Address:                      |                                   |  |
| City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OVERLAND PAR                    | K, KS 66223                   | City-St-Zip:                  |                                   |  |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S ()[                           | Delete                        | Title:                        | ( ) Change ( ) Addition           |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COLIHAN, JAMES                  | S C                           | Name:                         |                                   |  |
| Address:<br>City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 37 TELVA RD.<br>WILTON, CT 068  | 397                           | Address:<br>City-St-Zip:      |                                   |  |
| Tille.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DOOR () F                       | No. laka                      | T:N-                          | ( ) Ohanna ( ) Addition           |  |
| Title:<br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DCOB () E<br>HOETNER, GERA      | Delete<br>ALD                 | Title:<br>Name:               | ( ) Change ( ) Addition           |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ARISTOTELES L                   |                               | Address:                      |                                   |  |
| City-St-Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ZEIST, THE NETH                 | HERLANDS, 3707 CI             | City-St-Zip:                  |                                   |  |
| I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 |                                 |                               |                               |                                   |  |

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

SIGNATURE: ROGER LEWIS VPF 05/01/2006