

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91205 040 \*\*\*550.00

**DOCUMENT # F95000000502**

1. Entity Name

**AMERICAN YEAST SALES CORPORATION**

Principal Place of Business

**3 "A" STREET  
 DERRY NH 03038**

Mailing Address

**3 "A" STREET  
 DERRY NH 03038**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**04-2563914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>CHAGNON, JEAN</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>LANDRY, REJEAN</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARLESS, M. DOUGLAS</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARLEAU, GUY</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GENEST, EDGAR A</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SELLERS, JAMES A</b>	
STREET ADDRESS	<b>3 "A" STREET</b>	
CITY-ST-ZIP	<b>DERRY NH 03038</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice Chairman &amp; CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edwards Gary</b>	
STREET ADDRESS	<b>3A Street, Derry, NH 03038</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP Control &amp; Administration</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEBLANC FRANCOIS</b>	
STREET ADDRESS	<b>3A Street, DERRY, NH 03038</b>	
CITY-ST-ZIP		
TITLE	<b>President &amp; COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Maninella Stephen</b>	
STREET ADDRESS	<b>3A Street, Derry NH 03038</b>	
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:

**SIGNATURE OF OFFICER OR DIRECTOR**

Date

**May 27 2002**

Daytime Phone #

CR2E034 (9/01)