

FILED
Apr 05, 2000 8:00 am
Secretary of State

01-12-2000 90011 047 ***150.00

DOCUMENT # F95000004433			
1. Entity Name WESSANEN U.S.A., INC.			
Principal Place of Business 1750 TREE BOULEVARD ST AUGUSTINE FL 32086		Mailing Address 1750 TREE BOULEVARD ST AUGUSTINE FL 32086-5174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> 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	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZONDERVAN, ANTON M	NAME	
STREET ADDRESS	1750 TREE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEKSMAN, HENDRIK C	NAME	
STREET ADDRESS	1750 TREE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, RICHARD A	NAME	
STREET ADDRESS	1750 TREE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODELL, TIMOTHY B	NAME	
STREET ADDRESS	1750 TREE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, CHARLES H	NAME	T.D.
STREET ADDRESS	1750 TREE BLVD	STREET ADDRESS	1750 Tree Blvd
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	St Augustine FL 32086
TITLE	<input type="checkbox"/> Delete	TITLE	Nicolaas Johannes Maria Kramer
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Charles H. Compton		1-3-00 (904) 825-2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



DO NOT WRITE IN THIS SPACE