

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90007 028 \*\*\*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  
P.O. BOX 410  
ST. AUGUSTINE FL 32085

2. Principal Place of Business

405 Golfway West Drive  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 9000  
Suite, Apt. #, etc.

City &amp; State

St. Augustine FL

City &amp; State

St Augustine FL

Zip

32095

Country

St Johns

Zip

32085

Country

St Johns

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

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.

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 State10. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	ZONDERVAN, ANTON M	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THORNE, RICHARD A	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOODELL, TIMOTHY B	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COMPTON, CHARLES H	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, JOHANNES M	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 9000	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 9000	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 9000	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 9000	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

March 1, 2002

(904) 940-2401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)