

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004433

Entity Name: WESSANEN U.S.A., INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

405 GOLFWAY WEST DRIVE
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9000
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 41-1426887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VFSD () Delete
Name: CHIAPPA, PETER J
Address: ONE DAILY WAY
City-St-Zip: VERONA, PA 15147

Title: PCEO () Delete
Name: LANE, KENNETH R
Address: P.O. BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: EVPD () Delete
Name: VEENHOF, H A AD
Address: P O BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: EVD () Delete
Name: WAGTER, HAN
Address: P O BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VPSP () Delete
Name: ALKEMADE, FRED
Address: P O BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VPHR () Delete
Name: VAN DEN BOGAART, HEN
Address: P.O. BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: DUFRESNE, MICHELLE
Address: P O BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: EVD (X) Change () Addition
Name: ROODA, FRANS E
Address: P O BOX 9000
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE DUFRESNE

AS

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date