

# 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