2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
08-15-2000 90009 042 ***550.00

DOCUMENT # F97000000325

1. Entity Name
BAKEMARK INGREDIENTS (EAST) INC.

A0072632

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BAKEMARK EAST 1821 WALDEN OFFICE SQ., SUITE 300 SCHAUMBURG IL 60173	C/O BAKEMARK EAST 1821 WALDEN OFFICE SQ., SUITE 300 SCHAUMBURG IL 60173

2. Principal Place of Business	3. Mailing Address
BAKEMARK EAST - Schaumburg	1933 Meacham Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 530
City & State	City & State Schaumburg, IL
Zip / Country	Zip 60173 / Country Cook

4. FEI Number 52-2005725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VINK, JAAP CSM NV NIENOORD 13, 1112 DIEMEN ZUID II AMSTERDAM, THE NETHERLANDS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARENTSEN, MARINUS CSM NV NIENOORD 13, 1112 DIEMEN ZUID II AMSTERDAM, THE NETHERLANDS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-V VAN DER KLAAUW, JAN-WILLEM E CSM NV NIENOORD 13, 1112 DIEMEN ZUID II AMSTERDAM, THE NETHERLANDS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLIHAN, JAMES C 1114 AVE. OF THE AMERICAS NEW YORK NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GARDNER, GARY 1821 WALDEN OFFICE SQ., STE 300 SCHAUMBURG IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Brons, Herman 1933 Meacham Suite 530 Schaumburg, IL 60173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALLACE, ROBERT 1821 WALDEN OFFICE SQ., STE. 300 SCHAUMBURG IL 60173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Wallace, Robert 1933 Meacham Suite 530 Schaumburg, IL 60173 ☒ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Herman Brons 8/4/00 847-925-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #