


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 032 ***150.00

DOCUMENT # F97000005531		
1. Entity Name GIVAUDAN FLAVORS CORPORATION		

Principal Place of Business 1199 EDISON DR. CINCINNATI, OH 45216	Mailing Address 1199 EDISON DR. CINCINNATI, OH 45216
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242006 Chg-P CR2E034 (11/05)

4. FEI Number 43-1478592	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	COBD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL E	NAME	
STREET ADDRESS	1199 EDISON DR.	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45216	CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMESCH, ALBERT	NAME	Giezendanner, Stefan
STREET ADDRESS	1199 EDISON DR.	STREET ADDRESS	1199 Edison Drive
CITY-ST-ZIP	CINCINNATI, OH 45216	CITY-ST-ZIP	Cincinnati, OH 45216
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, FREDERICK G	NAME	
STREET ADDRESS	1199 EDISON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45216	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CAFFERTY, DANIEL C	NAME	
STREET ADDRESS	1199 EDISON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, ERROL G W	NAME	
STREET ADDRESS	1775 WINDSOR RD	STREET ADDRESS	
CITY-ST-ZIP	TEANECK, NJ 07666	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTH, MARY A	NAME	
STREET ADDRESS	1199 EDISON DR	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45216	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/27/06 CFO/ Stefan Giezendanner, Treasurer 513-948-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #