2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# F97000005531

Entity Name: GIVAUDAN FLAVORS CORPORATION

Current Principal Place of Business:

1199 EDISON DR.
CINCINNATI, OH 45216 US

New Principal Place of Business:

Current Mailing Address:

1199 EDISON DR.
TAX DEPARTMENT
CINCINNATI, OH 45216 US

New Mailing Address:

FEI Number: 43-1478592 **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: D ( ) Delete
Name: GRABER, MAURICIO
Address: 1199 EDISON DR.
City-St-Zip: CINCINNATI, OH 45216 US

Title: V ( ) Delete
Name: GIEZENDANNER, STEFAN
Address: 1199 EDISON DR.
City-St-Zip: CINCINNATI, OH 45216 US

Title: S ( ) Delete
Name: GARFINKEL, JANE E
Address: 1199 EDISON DRIVE
City-St-Zip: CINCINNATI, OH 45216 US

Title: P ( ) Delete
Name: MC CAFFERTY, DANIEL C
Address: 1199 EDISON DRIVE
City-St-Zip: CINCINNATI, OH 45216 US

Title: T ( ) Delete
Name: AMMONS, HOWARD L
Address: 1199 EDISION DRIVE
City-St-Zip: CINCINNATI, OH 45216 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AT ( ) Change (X) Addition
Name: LALRSEN, DANIEL R
Address: 1199 EDISON DRIVE
City-St-Zip: CINCINNATI, OH 45216

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: DANIEL R. LARSEN AT 04/22/2008

Electronic Signature of Signing Officer or Director — Date