2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000005513

Entity Name: CHR. HANSEN, INC.

FILED Apr 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business: 9015 W. MAPLE ST MILWAUKEE, WI 53214			New Principal Place of Business:	
Current Mailing Address: 9015 W. MAPLE ST MILWAUKEE, WI 53214			New Mailing Address:	
FEI Number: 13-1918913 FEI Number Applied For () FEI Number			mber Not Appli	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title:	HANSEN, PAUL BOGE ALLE 10-1 HORSHOLM, DE		Title: Name: Address: City-St-Zip:	CD (X) Change () Addition HANSEN, POUL 9015 W MAPLE ST MILWAUKEE, WI 53214 D (X) Change () Addition
Name: Address: City-St-Zip:	FREDERIKSEN, BOGE ALLE 10-1 HORSHOLM, DE	LARS 12	Name: Address: City-St-Zip:	FREDERIKSEN, LARS 9015 W MAPLE ST MILWAUKEE, WI 53214
Title: Name: Address: City-St-Zip:	VPST () I MURRY, JOHN 9015 W MAPLE MILWAUKEE, W		Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition BILLUM, ERIK 9015 W MAPLE ST MILWAUKEE, WI 53214
Title: Name: Address: City-St-Zip:	D () I NOERGAARD, LI BOGE ALLE 10- HORSHOLM, DE	EIF 12	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NOERGAARD, LEIF 9015 W MAPLE ST MILWAUKEE, WI 53214
Title: Name: Address: City-St-Zip:	PD () I COMBS, DON 9015 WEST MAR MILWAUKEE, W		Title: Name: Address: City-St-Zip:	PDS (X) Change () Addition COMBS, DONALD H 9015 WEST MAPLE ST MILWAUKEE, WI 53214
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SORENSEN, ERIK 9015 W MAPLE ST MILWAUKEE, WI 53214

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIK BILLUM VPT 04/16/2002