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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99419 (8)  
1. Corporation Name  
INTERNATIONAL TRADING COMPANY LIMITED, INC.



Principal Place of Business Mailing Address  
8801 MIDWAY WEST ROAD 8801 MIDWAY WEST ROAD  
RALEIGH NC 27613 RALEIGH NC 27613-4808

3. Date Incorporated or Qualified 09/12/1990 3a. Date of Last Report 07/31/1996  
4. FEI Number 59-3032510 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Same 26 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 USA 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 1/30/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<del>Chairman of Board Only</del> <input type="checkbox"/> Addition
NAME	KLOTH, BERND	1.2 NAME	error kg 29 Jan 97
STREET ADDRESS	8801 MIDWAY WEST ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27613	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	President & Board Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, HAROLD	2.2 NAME	
STREET ADDRESS	8801 MIDWAY WEST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27613	2.4 CITY-ST-ZIP	
TITLE	CAO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTTO, CAROLE MS	3.2 NAME	
STREET ADDRESS	8801 MIDWAY WEST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27613	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DAVID S	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 26507, N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27611	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Harold Gilbert* 1/30/97 919 571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # encl

CR2E034 (9/96)