2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90246 001 ***150.00

- 12578

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000002096

1. Entity Name
DEGUSSA FLAVORS & FRUIT SYSTEMS SALES, LLC

Principal Place of Business
2021 CABOT BLVD. WEST
LANGHORNE PA 19047

Mailing Address
2021 CABOT BLVD. WEST
LANGHORNE PA 19047

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 23-3022176 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	HUGHES, KEN
STREET ADDRESS	2021 CABOT BLVD. WEST
CITY-ST-ZIP	LANGHORNE PA 19047
TITLE	~~MGR~~ ☒ Delete
NAME	~~BAVERNEEIND, JANICE~~
STREET ADDRESS	~~2021 CABOT BLVD. WEST~~
CITY-ST-ZIP	~~LANGHORNE PA 19047~~
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MGR ☒ Change ☐ Addition
NAME	PETER VINOCUR
STREET ADDRESS	23700 CHAGRIN BLVD
CITY-ST-ZIP	CLEVELAND OH 44122
TITLE	MGR ☐ Change ☒ Addition
NAME	JOHN MILL
STREET ADDRESS	1741 TOMLINSON RD
CITY-ST-ZIP	PHILA PA 19116
TITLE	MGR ☐ Change ☒ Addition
NAME	ANDREAS BONHOFF
STREET ADDRESS	Le Plan - B.P. 82067
CITY-ST-ZIP	06131 Grasse Cedex FRANCE
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Peter A. Vinocur SIGNATURE REQUIRED Peter A. Vinocur MGR 1.21.02 216 839 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #