


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90005 028 \*\*\*150.00

<b>DOCUMENT # P02000037580</b> 1. Entity Name CPC INTERNATIONAL, INC.	
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Principal Place of Business 6495 TRANSIT ROAD BOWMANVILLE, NY 14026	Mailing Address 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
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05202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1615965	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SUMMER, DONALD L 6096 NW 24TH STREET BOCA RATON, FL 33434
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIPOLLA, PASQUALE D 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPPER, MARY M 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIPOLLA, JOSEPH A 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPOLLA, JOHN E 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIPOLLA, PENNY D 6495 TRANSIT ROAD BOWMANVILLE, NY 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 recorder 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/08 716-684-9000