
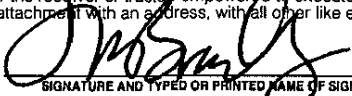


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90175 049 \*\*\*150.00

<b>DOCUMENT # P21599</b>					
1. Entity Name <b>CHIKUITA TROPICAL PRODUCTS COMPANY</b>					
Principal Place of Business <b>C/O TAX DEPARTMENT 250 E FIFTH ST, 27TH FLOOR CINCINNATI, OH 45202</b>			Mailing Address <b>C/O TAX DEPARTMENT 250 E FIFTH ST, 27TH FLOOR CINCINNATI, OH 45202</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-3286313</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TSACALIS, WILLIAM A. 250 E 5TH ST. CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS OLSON, ROBERT W 250 E FIFTH ST CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILEY, JAMES H 250 E 5TH ST. CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BYRON, CARLA A 250 E 5TH ST. CINCINNATI, OH 45202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI Jeffrey M. Zalla 250 East Fifth Street Cincinnati, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOSEPH W 250 EAST FIFTH STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TATE, JOHN M 250 EAST FIFTH STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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 receiver 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: 		Joseph W. Bradley		04/27/04 (513) 784-8727	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

14020652



01062004 Chg-P CR2E034 (10/03)

ATTACHMENT 14020052  
# P21599

## CHIQUITA TROPICAL PRODUCTS COMPANY

### Additional Officers

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Riley, James B.	Vice President	250 East Fifth St. Cincinnati, OH 45202
Freyberger, Kurt A.	Controller	250 East Fifth St. Cincinnati, OH 45202
Mendez, Mario A.	Assistant Controller	250 East Fifth St. Cincinnati, OH 45202
Howland, Barbara M.	Assistant Secretary	250 East Fifth St. Cincinnati, OH 45202