FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # P23179 (5)

1. Corporation Name
CONTINENTAL COFFEE PRODUCTS COMPANY

Principal Place of Business	Mailing Address
321 N CLARK STE 25-3 PO BOX 9001 CHICAGO IL 60604-9001	321 N CLARK STE 25-3 PO BOX 9001 CHICAGO IL 60604-9001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 52-1594711 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CALHOUN, JOHN H	1.2 NAME	Bruce Macleoud	
STREET ADDRESS	321 N. CLARK STREET	1.3 STREET ADDRESS	321 N. Clark Street	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60610	
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	LAZ, MARCIA S.	2.2 NAME		
STREET ADDRESS	213 S LOUIS STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. PROSPECT IL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	BANKARD, JAMES S	3.2 NAME		
STREET ADDRESS	331 W ARMITAGE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, R. THOMAS, JR.	4.2 NAME		
STREET ADDRESS	853 W CHALMERS PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	VANBENTHUYSEN, WALTER G.	5.2 NAME		
STREET ADDRESS	23 AMBRIANCE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BURR RIDGE IL	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, JANET K	6.2 NAME		
STREET ADDRESS	321 N. CLARK STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: _____ 2/15/95 (312) 222-8071
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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