2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P24421** May 17, 2000 8:00 am Secretary of State 1. Entity Name **BUNGE FOODS CORPORATION** 05-17-2000 90964 029 ***150.00 Principal Place of Business Mailing Address 11720 BORMAN DR. 11720 BORMAN DR. P.O. BOX 28500 P.O. BOX 28500 ST. LOUIS MO 63146 ST. LOUIS MO 63146-1000 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 36-3253825 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CPD ☐ Addition ☐ Change TITLE ☐ Delete TITLE KLEIN, JOHN E. NAME NAME STREET ADDRESS STREET ADDRESS 11720 BORMAN DR. ST. LOUIS MO CITY-ST-ZIP CITY-ST-ZIF AC TITLE □ Change ☐ Addition TITLE ☐ Delete THEBEAU, GREGORY L. NAME NAME 11720 BORMAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO SVPD ☐ Delete ☐ Addition TITLE ☐ Change TITLE SCHARF, MICHAEL M. NAME 11720 BORMAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE BARKOFSKE, FRANCIS L NAME NAME 11720 BORMAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. LOUIS MO CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE FRYE, DEXTER M NAME NAME STREET ADDRESS STREET ADDRESS 11720 BORMAN DR. CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO SVP TITLE Change ☐ Addition ☐ Delete SOLOMON, HAYWOOD F. FRIEDMAN, PAUL A. NAME NAME 11720 BORMAN DR. STREET ADDRESS STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an addresse, with abouter like empowered

changed, or on an attachment with an addresse with above like empowered

SIGNATURE:

GREGORY L. THEBEAU 4/27/2000 314-994-6554