


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P29990 1. Entity Name LOUIS DREYFUS CORPORATION	
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Principal Place of Business 20 WESTPORT ROAD WILTON, CT 06897-0810	Mailing Address 20 WESTPORT ROAD C/O CORP TAX DEPT WILTON, CT 06897-0810
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5204055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LOUIS-DREYFUS, GERARD 20 WESTPORT ROAD PO BOX 810 WILTON, CT 068970810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WOLKIN, HAL 20 WESTPORT ROAD PO BOX 810 WILTON, CT 068970810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, PETER 20 WESTPORT ROAD PO BOX 810 WILTON, CT 068970810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NICOSIA, JOSEPH 7215 GOODLET FARMS CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Hal Wolkin **Hal Wolkin** 4/11/05 **(203) 761-8242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #