

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P29990 1. Entity Name LOUIS DREYFUS CORPORATION	
--	---

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
--	---

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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, 2008 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	SVP WOLKIN, HAL 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	PD ANDERSON, ERIK 20 WESTPORT RD WILTON, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRAY, RICHARD D 20 WESTPORT RD WILTON, CT 06897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000949718
 06/03/08-80040-002 150.00

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 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:  Jeffrey Zanchelli 4/29/08 (203) 761-4654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #