

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Mar 29, 2004 08:00**  
**Secretary of State****DOCUMENT # P94000038919**1. Entity Name  
**DARLING WORLDWIDE, INC.**Principal Place of Business  
**980 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432 US**Mailing Address  
**980 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432 US**

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**85-0510845**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****DICKENSON, DAVID B  
980 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432****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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**00000098121  
02/29/04-20098-004 150.00**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD		
	RODER, JURGEN W		
	980 N. FEDERAL HIGHWAY, SUITE 410		
	BOCA RATON, FL 33432		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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 form does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 I am empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF TRUSTING OFFICER OR DIRECTOR

**03/15/04**

Date

Daytime Phone # \_\_\_\_\_