FILED

## **2002** Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P95000053075 1. Entity Name 04-08-2002 90248 007 \*\*\*150.00 AMERIFOODS TRADING COMPANY Principal Place of Business Mailing Address 14411 COMMERCE WAY 600 CITADEL DR COMMERCE CA 90040 STE. 250 MIAMI FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0610880 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. C CR2E034 (9/01) ☐ Addition TITLE DCPC ☐ Delete NAME NAME ROEDER, ROSS STREET ADDRESS STREET ADDRESS **600 CITADEL DR** CITY-ST-ZIP CITY-ST-ZIP COMMERCE FL 90040 Delete ☐ Change Addition | TITLE **EVCD** SWAIN, RAYMOND NAME NAME LYNCH, MARTIN A 600 CITADEL DR STREET ADDRESS STREET ADDRESS 600 CITADEL DR CITY-ST-ZIP COMMERCE. CA 90040 CITY-ST-ZIP **COMMERCE CA 90040** Change ☐ Addition Delete TITLE SVP TITLE PHEGLEY, RICHARD N NAME STREET ADDRESS STREET ADDRESS 600 CITADEL DR CITY-ST-7IP CITY-ST-ZIF COMMERCE CA 90040 ☐ Change Addition TITLE ☐ Delete TITLE NAME ALVARADO, DONALD G STREET ADDRESS STREET ADDRESS PO BOX 2377 GMF N/A CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90051-0877 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME CHIAVELLI, DENNIS STREET ADDRESS STREET ADDRESS P.O. BOX 2377 GMF N/A CITY - ST - ZIF CITY-ST-ZIP LOS ANGELES CA 90051-0877 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 100 and 100 of the corporation or the receiver or trustee changed, or on an attachment with an additional content with a co

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President & Chief Financial Officer 4/2/02