

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053075

FILED
Jul 16, 2008
Secretary of State

Entity Name: AMERIFOODS TRADING COMPANY

Current Principal Place of Business:

600 CITADEL DR
LOS ANGELES, CA 90040 US

New Principal Place of Business:

Current Mailing Address:

600 CITADEL DR
COMMERCE, CA 90040 US

New Mailing Address:

FEI Number: 65-0610880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: SNOLLAERTS, ETIENNE
Address: 600 CITADEL DR
City-St-Zip: COMMERCE, FL 90040

Title: SVCF () Delete
Name: PHEGLEY, RICHARD N
Address: 600 CITADEL DR
City-St-Zip: COMMERCE, CA 90040

Title: SSVP () Delete
Name: ALVARADO, DONALD G
Address: PO BOX 2377 GMF N/A
City-St-Zip: LOS ANGELES, CA 900510877

Title: V () Delete
Name: SWAIN, RAYMOND
Address: 600 CITADEL DR.
City-St-Zip: COMMERCE, CA 90040

Title: D () Delete
Name: DELOLMIO, ANDRE
Address: 600 CITADEL DR.
City-St-Zip: COMMERCE, CA 90040

Title: VPC () Delete
Name: LINK, RICHARD
Address: 600 CITADEL DR.
City-St-Zip: COMMERCE, CA 90040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCE (X) Change () Addition
Name: GOLLEHER, GEORGE G
Address: 600 CITADEL DR
City-St-Zip: COMMERCE, FL 90040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SWAIN, RAYMOND
Address: 600 CITADEL DR.
City-St-Zip: COMMERCE, CA 90040

Title: VPT (X) Change () Addition
Name: BERGER, JAN
Address: 600 CITADEL DR.
City-St-Zip: COMMERCE, CA 90040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD G. ALVARADO

SSVP

07/16/2008

Electronic Signature of Signing Officer or Director

Date