

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000042038

**Entity Name:** FON TERRA FOODSERVICES (USA), INC.**Current Principal Place of Business:**8700 WEST BRYN MAWR AVENUE  
SUITE 500N  
CHICAGO, IL 60631**Current Mailing Address:**8700 WEST BRYN MAWR AVENUE  
SUITE 500N  
CHICAGO, IL 60631 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | PRESIDENT, CEO, DIRECTOR                 |
| Name            | COOTE, JOSEPH PAUL                       |
| Address         | 8700 WEST BRYN MAWR AVENUE<br>SUITE 500N |
| City-State-Zip: | CHICAGO IL 60631                         |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | VP, SECRETARY, DIRECTOR                  |
| Name            | CHRISTIANSEN, NICOLE                     |
| Address         | 8700 WEST BRYN MAWR AVENUE<br>SUITE 500N |
| City-State-Zip: | CHICAGO IL 60631                         |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR, CFO, TREASURER |
| Name            | DUNCAN, GRANT            |
| Address         | 109 FANSHAWE             |
| City-State-Zip: | AUCKLAND 1010            |

*I hereby 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 all other like empowered.*

**SIGNATURE:** NICOLE R. CHRISTIANSEN**SECRETARY****03/04/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date