2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F00000002089 1. Entity Name THE AMERICAN SEABOARD CO. Principal Place of Business 14 ASHLEY PLACE WILMINGTON, DE 19804 DO NOT WRITE IN THIS SPACE

FILED
Jan 21, 2005 08:00 AM
Secretary of State

Applied For

Not Applicable



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0205497

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

SIGNATURE:

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 reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.			icing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	• • • • • • • • • • • • • • • • • • • •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, BRIAN S 14 ASHLEY PLACE WILMINGTON, DE 19804	<u> </u>	·	000000187543 01/24/05-80019-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLO, MICHAEL J 14 ASHLEY PLACE WILMINGTON, DE 19804			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRESWELL, HOWARD G JR. 14 ASHLEY PLACE WILMINGTON, DE 19804		DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. 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 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.				