

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 042 ***550.00

DOCUMENT # F97000000325

1. Entity Name
BAKEMARK INGREDIENTS (EAST) INC.

A0072632



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O BAKEMARK EAST
 1821 WALDEN OFFICE SQ., SUITE 300
 SCHAUMBURG IL 60173

Mailing Address
 C/O BAKEMARK EAST
 1821 WALDEN OFFICE SQ., SUITE 300
 SCHAUMBURG IL 60173

2. Principal Place of Business
BAKEMARK EAST - Schaumburg
 Suite, Apt. #, etc.

3. Mailing Address
1933 Meacham Rd
 Suite, Apt. #, etc.
Suite 530

City & State
Schaumburg, IL

Zip
60173

Country
Cook

4. FEI Number **52-2005725**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VINK, JAAP	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARENTSEN, MARINUS	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	-V	<input type="checkbox"/> Delete
NAME	VAN DER KLAUW, JAN-WILLEM E	
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II	
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLIHAN, JAMES C	
STREET ADDRESS	1114 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, GARY	
STREET ADDRESS	1821 WALDEN OFFICE SQ., STE 300	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALLACE, ROBERT	
STREET ADDRESS	1821 WALDEN OFFICE SQ., STE. 300	
CITY-ST-ZIP	SCHAUMBURG IL 60173	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brons, HERMAN	
STREET ADDRESS	1933 Meacham Suite 530	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, Robert	
STREET ADDRESS	1933 Meacham Suite 530	
CITY-ST-ZIP	Schaumburg, IL 60173	

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRE** **HERMAN BRONS** **8/4/00** **847-925-2110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/00)