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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25305 (4)

1. Corporation Name
BRANDEVOR USA, INC.

Principal Place of Business Mailing Address
**8567 154TH AVE. NE
REDMOND WA 98052** **8567 154TH AVE. NE
REDMOND WA 98052**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1989** 3a. Date of Last Report **04/27/1994**
4. FEI Number **91-1259328** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 City & State City & State
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME IMERSON, ROBERT M.	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	100001521681
STREET ADDRESS 8567-154TH AVE. NE	CITY, ST, ZIP REDMOND WA 98052	12 NAME	-06/23/95--01029--021
TITLE S	NAME JOEHNK, CHERYL	13 STREET ADDRESS	****225.00 ****225.00
STREET ADDRESS 8567-154TH AVE. NE	CITY, ST, ZIP REDMOND WA 98052	14 CITY, ST, ZIP	
TITLE V	NAME MCCARL, RON	15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 500 E. 4TH ST.	CITY, ST, ZIP DUBUQUE IA 52001	16 NAME	
TITLE	NAME	17 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	18 CITY, ST, ZIP	
TITLE	NAME	19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	20 NAME	
TITLE	NAME	21 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	22 CITY, ST, ZIP	
TITLE	NAME	23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	24 NAME	
TITLE	NAME	25 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	26 CITY, ST, ZIP	
TITLE	NAME	27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	28 NAME	
TITLE	NAME	29 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	30 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and that it complies with the requirements stated in Section 119.02(b)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald McCarl*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/13/95