

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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: **8567 154TH AVE. NE REDMOND WA 98052**  
Mailing Address: **8567 154TH AVE. NE REDMOND WA 98052**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/25/1989</b>	3a. Date of Last Report <b>06/19/1995</b>
21. State, Apt #, etc.	26. State, Apt #, etc.	4. FEI Number <b>91-1359328</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

14. I hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: **Robert Imerson** 1-24-96 202-881-5095

CR2E034 (12/95)