

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91325 021 ***150.00

DOCUMENT # **P31712** ✓
1. Entity Name
Chiquita Gulf Citrus, Inc.

DO NOT WRITE IN THIS SPACE

668079

2. Principal Place of Business
c/o Tax Dept.; 250 E. Fifth St.
Suite, Apt. #, etc.
27th Floor
City & State
Cincinnati, OH
Zip
45202
Country
USA

3. Mailing Address
c/o Tax Dept.; 250 E. Fifth St.
Suite, Apt. #, etc.
27th Floor
City & State
Cincinnati, OH
Zip
45202
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1304756
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City
Plantation, FL
Zip Code
33324

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)

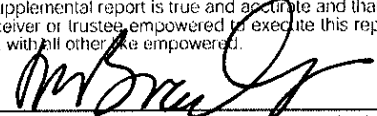
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/V/S Robert W. Olson 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V William A. Tsacalis 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P James H. Wiley 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T Carla A. Byron 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Joseph W. Bradley 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V John M. Tate 250 East Fifth St. Cincinnati, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other as empowered.

SIGNATURE:  Joseph W. Bradley 04/26/02 (513) 784-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)