U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)								EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
				FION A CONSOL				1							
		SEC	<b>FION I</b>	B – EMP	LOYE	R IDEN									
OFS COMPANY ID EMPLOYER NAME DZ51460 BUNGE MANAGEMENT SERVICES															
ADDRESS							C	ITY/TOV	WN			STATE		ZIP CC	DDE
1391 Timberlake Ma	anor Pa	rkway						T. LOU				MO 63017			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN									STATE ZIP CODE						
	SECTI	ON D -	- EMP	LOYER	IDEN'		TION N	IUMBE	ER (EIN	D			1		
X YES (Employer Is Eligible				• EMPL		· ·			-	NO LOI	NGER	IN BUS	INESS		
			_	, L CONI	-										
			-	ntity ID (											
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	s Federa	l Contrac	ctor) X	YES (	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
¥ YES (F	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquarter	rs Establ	ishment	is Fede	ral Conti	ractor)		
				ne or Mo		-			nments i	s Federa	l Contr	actor)			
			1	)NG-N 11110 -	Soybe	ean Far	ming								
	SE	CTIO	NH-V	VORKF	ORCE										
	Hisr	anic					Race/E		y nic or L	atino					-
		atino	-		N	lale	Not	пэра		auno	Fer	nale			-
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	8	1	2	0	0	0	3	0	0	0	0	1	15
First/Mid-Level Officials and Managers	52	20	351	39	24	0	2	2	98	13	9	0	0	3	613
Professionals	25	31	270	16	34	1	0	3	157	14	27	0	1	2	581
Technicians Sales Workers	3 5	8	34 34	4 0	0	0	0	0	27 6	7	4	0	0	1	88 51
Administrative Support Workers	10	17	99	10	10	0	0	1	167	22	3	1	1	3	344
Craft Workers	23	0	189	18	3	0	1	3	1	0	0	0	0	0	238
Operatives	114	16	529	188	4	1 0	3 0	14	48	31	0	1 0	0	2	951
Laborers and Helpers Service Workers	13 0	12 0	109 0	35 0	0	0	0	7 0	14 0	1 0	0	0	0	0	191 0
CURRENT 2023 REPORTING YEAR TOTAL	245	108	1623	311	77	2	6	30	521	90	43	2	2	12	3072
PRIOR 2022 REPORTING YEAR TOTAL	216	90	1549	290 WORK	58 EODC	2 E CNA D	6 SHOT I	23	475	85	27	1	3	7	2832
	,	SECIE	011-	12/16/2				LUIU	D						
SECTION J Not Applicable	- HEA	DQUA	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	DMME	NTS (op	tional)				

U.S. EQUA 2023 EMH	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
	SECTION K – OFFICIAL CER	RTIFICATION OF SUBMISSION	N				
	EMPLOYER II	DENTIFICATION					
OFS COMPANY ID DZ51460		EMPLOYER NAME BUNGE MANAGEMENT SERVIC	ES				
	ADDRESS	CITY/TOWN	STATE	ZIP CODE			
	erlake Manor Parkway	ST. LOUIS	MO	63017			
1391 111106		51. LOUIS	WO	03017			
	CERTIFICATION	COMMENTS (optional)					
No Certification Comments Pr	rovided						
	CERTIFICATI	ON STATEMENT					
"I certify that the information	ı, including any workforce demographic d		ct and true to the b	est of my knowledge			
	prepared in conformity with the directions						
	d willfully false statements on this repor						
		RTIFICATION					
	5/31/2024 12						
		TIFYING OFFICIAL					
Name of Err	nployer's Certifying Official	Title of C	Certifying Official				
	Kellie Sears	Chief Human	Resources Officer				
Email Add	dress of Certifying Official	Telephone Num	ber of Certifying Officia	al			
		_					
kellie.s	sears@bunge.com	636-	292-3003				
	PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPO	DRTING				
	me of Primary POC	Title and Employer of Primary POC Chief Human Resources Officer					
- I	Kellie Sears						
		Bunge Manage	ement Services, Inc	>			
Email A	Address of Primary POC	Telephone N	umber of Primary POC				
1	and the second		202 2002				
Kellie.s	sears@bunge.com	636-	292-3003				

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)								EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026							
SECTION A – TYPE OF REPORT SINGLE-ESTABLISHMENT FILER REPORT															
SECTION B – EMPLOYER IDENTIFICATION           OFS COMPANY ID         EMPLOYER NAME															
AK10872 LODERS CROKLAAN USA LLC															
ADDRESS CITY/TOWN STATE ZIP CODE													DDE		
1391 Timberlake Manor ParkwayCHESTERFIELDMO63017															
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
HEADQUARTERS OR ESTABLISHME	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE									ODE					
	SECTI	ON D -	- EMPI	LOYER	IDEN 352185		TION	NUMBE	CR (EIN	)					
<b>X YES</b> (Employer Is Eligible				- EMPL over Is N						NO LOI	NGER	IN BUS	INESS		
	CTION														
				ntity ID (					n uppne						
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	s Federa	ıl Contra	ctor)	YES (	Multi-Es	stablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	Non-Hea	dquarter	s Establ	ishment	is Fede	ral Conti	actor)		
				ne or M		-			nments i	s Federa	al Contr	actor)			
	3			DNG-1 therMis					rina						
				VORKF											
							Race/E	thnicit	у						
		banic					Not	Hispar	nic or L	atino	Fai	-			_
	Of La	atino			IV	lale		<u> </u>			rei	nale	<u> </u>	<u> </u>	
				_		or der	۲	se		-		or der	۲	Se	
Male Saluobatty and Male Male Male Male Male Male Male Male									Row						
JOB CATEGORIES	e	ale	ŧ	Afri	u	vaii c Is	Indi Nati	reF	te	r or	u	vaii c Is	Indi Nat	reF	Total
	Male	Female	White	ck or Afric American	Asian	Ha∖ acifi	an ka	Mo	White	Black or an Amer	Asian	Ha∖ acifi	an ka	ъ	
		ш	_	Ar		r Pa	nerican Indian Alaska Native	-o		ical B		rPe	nerican Indian Alaska Native	P.	
				B		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Afr		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
						0						0			
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0 25	0 4	0 4	0	0	0	0 11	0	0	0	0	0	0 51
Professionals	1	3	16	2	4	0	0	0	10	1	2	0	0	0	39
Technicians Sales Workers	1	0	5 14	2	0	0	0	0	6 12	3 0	1	0	0	0	18 29
Administrative Support Workers	0	5	9	0	1	0	0	0	17	3	0	0	0	1	36
Craft Workers	2 27	0	23 77	1 22	0	0	0	2 4	0	0	0	0	0	0	28 142
Operatives Laborers and Helpers	6	1	3	0	0	0	0	4	0	0	0	0	0	0	142
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	40	12	172	32	10	0	1	8	62	10	3	0	1	2	353
PRIOR 2022 REPORTING YEAR TOTAL	29	10 SECTI	137	33 WORK	8 FORC	0 E SNAP	0 SHOT	2 PERIO	48	6	2	0	1	1	277
SECTION I – WORKFORCE SNAPSHOT PERIOD 12/16/2023 - 12/31/2023															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL 1 2023 EMPLO	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
	SECTION K – OFFICIAL CE	RTIFICATION OF SUBMISSION	L. L.					
	EMPLOYER	<b>IDENTIFICATION</b>						
OFS COMPANY ID AK10872		EMPLOYER NAME LODERS CROKLAAN USA LLC	;					
ADD	RESS	CITY/TOWN	STATE	ZIP CODE				
1391 Timberlak	e Manor Parkway	CHESTERFIELD	MO	63017				
	CERTIFICATION	COMMENTS (optional)						
No Certification Comments Provid	ded							
	CEDTIFICAT	ION STATEMENT						
"I certify that the information, ind		data, provided in this report is correc	t and true to the b	est of my knowledge				
and was prep	pared in conformity with the direction	ns set forth in the form and accompan	ying instructions.	"				
Knowingly and wi		rt are punishable by law, US Code,	Title 18, Section	1001.				
		ERTIFICATION						
		2:37 AM [EST]						
Nome of Employ	EMPLOYER'S CE er's Certifying Official	RTIFYING OFFICIAL	ertifying Official					
Kelli	e Sears	Chief Human F	Resources Officer					
Email Address	of Certifying Official	Telephone Number of Certifying Official						
kellie.sears	s@bunge.com	636-2	636-292-3003					
PR	RIMARY POINT OF CONTACT (POC	) FOR EEO-1 COMPONENT 1 REPO	RTING					
	Primary POC		oyer of Primary POC					
Kelli	e Sears		Resources Officer					
		Bunge Manage	ment Services, Inc	;				
Email Addre	ss of Primary POC	Telephone Nu	mber of Primary POC					
kellie.sears	s@bunge.com	636-2	92-3003					