U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
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			C	CONSOL	LIDATE	D REP	ORT									
		SECT	TION I	B – EMP	LOYE	R IDEN										
OFS COMPANY ID		EMPLOYER NAME BUNGE MANAGEMENT SERVICES														
DZ51460					E	BUNGE	MANA	GEMEN	NT SEF	RVICES						
ADDRESS						CITY/TOWN						STATE	DDE			
1391 Timberlake Manor Parkway														MO 6301		
SECTION C - HI	LISHN	ISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	2122 Q C									T-LEVEL						
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE		ZIP CC	DDE	
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		SECTI	ON F	- EMPL			FLIC	BII IT	V							
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☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)			
X YES (F	leadqua:	rters is	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	lishment	is Feder	ral Conti	ractor)			
		XX	ES (O	ne or Mo	ore Non	-Headaı	iarters F	Establish	ments i	is Federa	ıl Contr	actor)				
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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 Technicians	25 3	31 8	270 34	16 4	34 0	0	0	3	157 27	14 7	27 4	0	0	2	581 88	
Sales Workers	5	4	34	0	0	0	0	0	6	2	0	0	0	0	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 Laborers and Helpers	114 13	16 12	529 109	188 35	4 0	0	3	14 7	48 14	31 1	0	0	0	2	951 191	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/16/2023 - 12/31/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

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 K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID DZ51460 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY/TOWN STATE ZIP CODE ST. LOUIS MO 63017

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 5/31/2024 12:31 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

EMI LOTER 5 CERTIF TING OFFICIAL									
Name of Employer's Certifying Official	Title of Certifying Official								
Kellie Sears	Chief Human Resources Officer								
Email Address of Certifying Official	Telephone Number of Certifying Official								
kellie.sears@bunge.com	636-292-3003								
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING									
Name of Primary POC	Title and Employer of Primary POC								
Kellie Sears	Chief Human Resources Officer								
	Bunge Management Services, Inc								
Email Address of Primary POC	Telephone Number of Primary POC								
kellie.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

												Expir	ation Dat	e: 11/30/	2026	
						E OF R										
SINGLE-ESTABLISHMENT FILER REPORT																
SECTION B – EMPLOYER IDENTIFICATION																
OFS COMPANY ID																
AK10872	LODERS CROKLAAN USA LLC															
ADDRESS		CITY/TOWN										STATE ZIP CODE				
1391 Timberlake Ma											МО	17				
	EADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if appl									f ommli o						
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HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN									STATE		ZIPCO	DDE				
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)																
352185756																
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
X YES (Employer Is Eligible	to File)	☐ NO	(Emple	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	NESS			
SEC	CTION	F – FEI	DERAI	L CONT	TRACT	OR DE	SIGNA'	TION (if applic	able)						
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable																
YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)																
☐ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)																
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION																
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SECTION H - WORKFORCE DEMOGRAPHIC DATA																
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	or Latino					Male						nale				
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	2	0	25	4	4	0	0	2	11	1	0	0	1	1	51	
Professionals	1	3	16	2	4	0	0	0	10	1	2	0	0	0	39	
Technicians	1	0	5	2	0	0	0	0	6	3	1	0	0	0	18	
Sales Workers Administrative Support Workers	0	5	14 9	0	0	0	0	0	12 17	3	0	0	0	1	29 36	
Craft Workers	2	0	23	1	0	0	0	2	0	0	0	0	0	0	28	
Operatives	27	2	77	22	1	0	1	4	6	2	0	0	0	0	142	
Laborers and Helpers	6	1	3	0	0	0	0	0	0	0	0	0	0	0	10	
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	137	33	8	0	0	2	48	6	2	0	1	1	277	
SECTION I - WORKFORCE SNAPSHOT PERIOD																
						12/31/20										
SECTION J	– HEA	DQUAI	RTERS	OR ES	TABL	ISHME	NT-LEV	EL CO	OMME	NTS (op	tional)					
Not Applicable																

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EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

ADDRESS CHESTERFIELD MO 63017

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

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DATE OF CERTIFICATION 5/31/2024 12:37 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL Name of Employer's Certifying Official Title of Certifying Official Kellie Sears Chief Human Resources Officer Email Address of Certifying Official Telephone Number of Certifying Official kellie.sears@bunge.com 636-292-3003 PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING Title and Employer of Primary POC Name of Primary POC Chief Human Resources Officer Kellie Sears Bunge Management Services, Inc. Email Address of Primary POC Telephone Number of Primary POC kellie.sears@bunge.com 636-292-3003