

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 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**  
CONSOLIDATED REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
DZ51460

EMPLOYER NAME

**BUNGE MANAGEMENT SERVICES**

ADDRESS

**1391 Timberlake Manor Parkway**

CITY/TOWN

**ST. LOUIS**

STATE

**MO**

ZIP CODE

**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

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

**134032562**

**SECTION E – EMPLOYER FILING ELIGIBILITY**

**YES** (Employer Is Eligible to File)  **NO** (Employer Is Not Eligible to File)  **EMPLOYER NO LONGER IN BUSINESS**

**SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)**

Unique Entity ID (UEI): **UNAVAILABLE**

**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**

**111110 - Soybean Farming**

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	0	0	5	1	1	0	0	0	2	0	0	0	0	1	10
First/Mid-Level Officials and Managers	47	25	310	18	28	0	1	2	114	13	13	0	0	4	575
Professionals	29	26	304	32	33	2	0	4	157	24	25	0	1	2	639
Technicians	6	6	45	17	2	0	0	0	26	1	1	0	0	0	104
Sales Workers	5	6	35	1	1	0	0	0	26	2	0	0	0	0	76
Administrative Support Workers	9	13	88	8	6	0	1	0	162	19	5	1	1	4	317
Craft Workers	22	2	221	14	5	0	1	3	3	1	1	0	0	0	273
Operatives	122	14	531	180	4	1	2	13	41	30	0	1	0	3	942
Laborers and Helpers	15	9	101	24	1	0	0	6	10	0	0	0	0	0	166
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>255</b>	<b>101</b>	<b>1640</b>	<b>295</b>	<b>81</b>	<b>3</b>	<b>5</b>	<b>28</b>	<b>541</b>	<b>90</b>	<b>45</b>	<b>2</b>	<b>2</b>	<b>14</b>	<b>3102</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>245</b>	<b>108</b>	<b>1623</b>	<b>311</b>	<b>77</b>	<b>2</b>	<b>6</b>	<b>30</b>	<b>521</b>	<b>90</b>	<b>43</b>	<b>2</b>	<b>2</b>	<b>12</b>	<b>3072</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

**12/16/2024 - 12/31/2024**

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

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
DZ51460

EMPLOYER NAME  
**BUNGE MANAGEMENT SERVICES**

ADDRESS

**1391 Timberlake Manor Parkway**

CITY/TOWN

**ST. LOUIS**

STATE

**MO**

ZIP CODE

**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**

**6/17/2025 2:09 AM [EST]**

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

**Kellie Sears**

Title of Certifying Official

**Chief Human Resources Officer**

Email Address of Certifying Official

**kellie.sears@bunge.com**

Telephone Number of Certifying Official

**636-292-3003**

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

**Kellie Sears**

Title and Employer of Primary POC

**Chief Human Resources Officer  
Bunge Management Services, Inc**

Email Address of Primary POC

**kellie.sears@bunge.com**

Telephone Number of Primary POC

**636-292-3003**

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Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT**  
SINGLE-ESTABLISHMENT FILER REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AK10872

EMPLOYER NAME

LODERS CROKLAAN USA LLC

ADDRESS

1391 Timberlake Manor Parkway

CITY/TOWN

CHESTERFIELD

STATE

MO

ZIP CODE

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

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**

352185756

**SECTION E – EMPLOYER FILING ELIGIBILITY**

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

**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**

311999 - All Other Miscellaneous Food Manufacturing

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
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	20	2	4	0	0	2	6	0	0	0	1	1	38
Professionals	2	5	24	5	3	0	0	0	13	5	3	0	0	0	60
Technicians	0	0	2	0	2	0	0	0	2	0	1	0	0	0	7
Sales Workers	2	0	6	1	0	0	0	0	5	0	0	0	0	0	14
Administrative Support Workers	0	5	9	1	0	0	0	0	17	4	1	0	0	2	39
Craft Workers	5	0	25	1	0	0	0	1	2	0	0	0	0	0	34
Operatives	26	2	66	18	1	0	0	5	7	2	0	0	0	1	128
Laborers and Helpers	5	1	9	4	0	0	0	4	0	0	0	0	0	0	23
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>42</b>	<b>13</b>	<b>161</b>	<b>32</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>52</b>	<b>11</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>343</b>
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>40</b>	<b>12</b>	<b>172</b>	<b>32</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>62</b>	<b>10</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>353</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

12/1/2024 - 12/31/2024

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

Not Applicable

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**DATE OF CERTIFICATION**

6/16/2025 10:28 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Kellie Sears

Title of Certifying Official

Chief Human Resources Officer

Email Address of Certifying Official

kellie.sears@bunge.com

Telephone Number of Certifying Official

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