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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 803990 (1)

1. Corporation Name
RALSTON PURINA COMPANY



Principal Place of Business CHECKERBOARD SQUARE INCOME TAX - 3A ST. LOUIS MO 63164	Mailing Address CHECKERBOARD SQUARE INCOME TAX - 3A ST. LOUIS MO 63164
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3. Date Incorporated or Qualified 02/29/1932	3a. Date of Last Report 04/23/1996
4. FEI Number 43-0470580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. Income Tax - 2C	26 Suite, Apt. #, etc. Income Tax - 2C
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD <input type="checkbox"/> DELETE
NAME	STIRITZ, WILLIAM P.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST LOUIS MO
TITLE	V <input type="checkbox"/> DELETE
NAME	BROWN, JAY W.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST LOUIS MO
TITLE	VS <input type="checkbox"/> DELETE
NAME	NEVILLE, JAMES M.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST LOUIS MO
TITLE	T <input type="checkbox"/> DELETE
NAME	WINNEY, R.D.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST LOUIS MO
TITLE	V <input type="checkbox"/> DELETE
NAME	WRAY, A. M.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST. LOUIS MO
TITLE	AT <input type="checkbox"/> DELETE
NAME	WEINEL, R. B.
STREET ADDRESS	CHECKERBOARD SQUARE
CITY-ST-ZIP	ST. LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/AS
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, or on an attachment with an address.

SIGNATURE: R.B. Weinel **R.B. Weinel,**
 ASST. SECRETARY **4/1/97 (314)982-2466**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0627036

CR2E034 (9/96)

RALSTON PURINA COMPANY

OFFICERS

<u>STIRITZ</u> , W. P.	Chairman of the Board, Chief Executive Officer & President	Checkerboard Square St. Louis, MO 63164
<u>BROWN</u> , J. W.	Vice President	Checkerboard Square St. Louis, MO 63164
<u>ELSESSER</u> , J. R.	Vice President & Chief Financial Officer	Checkerboard Square St. Louis, MO 63164
<u>MANNIX</u> , P. C.	Vice President	Checkerboard Square St. Louis, MO 63164
<u>McGINNIS</u> , W. P.	Vice President	Checkerboard Square St. Louis, MO 63164
<u>MEFFERT</u> , G. L., JR.	Vice President	Checkerboard Square St. Louis, MO 63164
<u>MULCAHY</u> , J. P.	Vice President	Checkerboard Square St. Louis, MO 63164
<u>NEVILLE</u> , J. M.	Vice President, General Counsel & Assistant Secretary	Checkerboard Square St. Louis, MO 63164
<u>WRAY</u> , A. M.	Vice President & Controller	Checkerboard Square St. Louis, MO 63164
<u>HAMILTON</u> , N. E.	Secretary	Checkerboard Square St. Louis, MO 63164
<u>WINNEY</u> , R. D.	Treasurer	Checkerboard Square St. Louis, MO 63164
<u>WEINEL</u> , R. B.	Assistant Treasurer	Checkerboard Square St. Louis, MO 63164
<u>FORSMAN</u> , A. E.	Assistant Secretary	Checkerboard Square St. Louis, MO 63164
<u>GROSCH</u> , T. L.	Assistant Secretary	Checkerboard Square St. Louis, MO 63164

RALSTON PURINA COMPANY (cont.)

DIRECTORS

BANKS, D. R.

Checkerboard Square
St. Louis, MO 63164

BIGGS, J. H.

Checkerboard Square
St. Louis, MO 63164

DANFORTH, D., JR.

Checkerboard Square
St. Louis, MO 63164

DANFORTH, W. H.

Checkerboard Square
St. Louis, MO 63164

FARRELL, D. C.

Checkerboard Square
St. Louis, MO 63164

INGRAM, M. D.

Checkerboard Square
St. Louis, MO 63164

LIDDY, R. A.

Checkerboard Square
St. Louis, MO 63164

McDONNELL, J. F.

Checkerboard Square
St. Louis, MO 63164

ORTEGA, K. D.

Checkerboard Square
St. Louis, MO 63164

STIRITZ, W. P.

Checkerboard Square
St. Louis, MO 63164