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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State -DIVISION OF CORPORATIONS

DOCUMENT # 803990

1. Corporation Name

RALSTON PURINA COMPANY

Principal Place	e of Business	Mailing Address							
CHECKERBOARI	D SQUARE	CHECKERBOARD SQUARE							
INCOME TAX-20		INCOME TAX -2C							
ST. LOUIS MO	63164	ST. LOUIS MO 63164				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
						02/29/1932			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			opplied For	
21		26				43-0470580			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				2. Controcto di Cizzato Documento	<u>.</u>	Fee F	Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the curr			_
24	25	29	30			Personal Property Tax.		₹] Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered A	Agent	
		0407514 810		81	Name	•			Į
	PRENTICE-HALL CORPORATION	SYSTEM, INC.	ŀ	82 Street		ddress (P.O. Box Number is Not Accept	able)		
	HAYS STREET			-	OH BOL A	BBI Address (F.O. Dox Hamber to Hot / toopuste)			
*****	E 105		Ī	83]
TALL	AHASSEE FL 32301		1			· · · · · · · · · · · · · · · · · · ·			0-1-
				84	City	1		Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the ab	ove	-named co	orporation submits this statement for the	numose of	changing i	ts registered
office or re	egistered agent, or both, in the State of	Florida. Such change was au	thorized	by t	he corpor	ation's board of directors. I hereby acce	ot the appoin	tment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if annionable (NOTE:	Pagistand .	Azent	eignatura rag	uired when reinstating)	DATE]
12.	OFFICERS AND		13.	- Work	oignation (eq	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	CPD	□ DELETE	1.1 111	LF.	Т	-		Change	
NAME	MCGINNIS, W. P. AND MULC J		1.2 NA		1				
	CHECKERBOARD SQUARE				ADDRESS				ļ
STREET ADDRESS	ST LOUIS MO 63164								
CITY-ST-ZIP	V ST LOUIS MO 63164	DELETE	1.4 CIT 2.1 TIT		-ZIP			☐ Change	e
TITLE		C) DECE IC	1						
NAME	MANNIX, P. C.		2.2 NA						ſ
STREET ADDRESS	CHECKERBOARD SQUARE	•	2.3 ST	REET	ADDRESS				į
CITY-ST-ZIP	ST LOUIS MO 63164		2. 4 Cl		r-ZIP			Change	e
TITLE	S	- DELETE	3.1 TIT	LE				☐ Change	. Haddingii
NAME	HAMILTON, N.E.		3.2 NA	ME					ĺ
STREET ADORESS	CHECKERBOARD SQUARE		3.3 STF	REET	ADDRESS				Į
CITY-ST-ZIP	ST LOUIS MO 63164		3.4. CF	TY-\$1	r-zip				
TITLE	T	☐ DELETE	4.1 TIT	LE				Change	e ☐ Addition
NAME	WINNEY,R.D.		4. 2 NA	ME					1
STREET ADDRESS	CHECKERBOARD SQUARE		4.3 ST	REET	ADDRESS				1
CITY-ST-ZIP	ST LOUIS MO		4.4 CIT	Y-ST	-ZiP				
TITLE	V	☐ DELETE	5.1 TIT	LE				Change	Addition
NAME	WRAY, A. M.	,	5.2 NA	ME	-				
STREET ADDRESS	CHECKERBOARD SQUARE		5.3 STI	REET	ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		5.4 CIT	Y-ST	-ZiP				
TITLE	AT	X DELETE	6.1 TIT			AT		Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		6.2 NA	ME		LEWIS, J.D.		_]
NAME	ME WELLIALL, N. D.					CHECKERBOARD SQUARE		,	1

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 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 corporationer 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 o n an attachment with an address, with all other like empowered. PE J.-DOUGLAS-LEWIS.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

ST.LOUIS MO

IE OF SIGNING OFFICER OR DIRECTOR

63164

ST. LOUIS, MO

(314) 982-2466

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90134 048 ***150.00

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RALSTON PURINA COMPANY

OFFICERS

McGINNIS, W. P.	Co-Chief Executive Officer and Co-President	Checkerboard Square St. Louis, MO 63164		
MULCAHY, J. P.	Co-Chief Executive Officer and Co-President	Checkerboard Square St. Louis, MO 63164		
ELSESSER, J. R.	Vice President and Chief Financial Officer	Checkerboard Square St. Louis, MO 63164		
MANNIX, P. C.	Vice President	Checkerboard Square St. Louis, MO 63164		
<u>NEVILLE</u> , J. M.	Vice President, General Counsel and Assistant Secretary	Checkerboard Square St. Louis, MO 63164		
WRAY, A. M.	Vice President and Controller	Checkerboard Square St. Louis, MO 63164		
HAMILTON, N. E.	Secretary and Senior Counsel	Checkerboard Square St. Louis, MO 63164		
WINNEY, R. D.	Treasurer	Checkerboard Square St. Louis, MO 63164		
<u>LEWIS</u> , J. D.	Assistant Treasurer	Checkerboard Square St. Louis MO 63164		
FORSMAN, A. E.	Assistant Secretary	Checkerboard Square St. Louis, MO 63164		
GROSCH, T. L.	Assistant Secretary	Checkerboard Square St. Louis, MO 63164		

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RALSTON PURINA COMPANY)

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

McGINNIS, W. P. Checkerboard Square St. Louis, MO 63164

MULCAHY, J. P. Checkerboard Square St. Louis, MO 63164

ORTEGA, K. D. Checkerboard Square St. Louis, MO 63164

STIRITZ, W. P. Checkerboard Square St. Louis, MO 63164

THOMPSON, R. Checkerboard Square St. Louis, MO 63164