


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 028 ***150.00

DOCUMENT # 803990 1. Entity Name NESTLE PURINA PETCARE COMPANY	
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Principal Place of Business CHECKERBOARD SQUARE INCOME TAX-1C ST. LOUIS, MO 63164 US	Mailing Address CHECKERBOARD SQUARE INCOME TAX-1C ST. LOUIS, MO 63164 US
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-0470580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

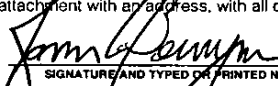
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD MCGINNIS, WP CHECKERBOARD SQUARE ST LOUIS, MO 63164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDC BERRYMAN, K C CHECKERBOARD SQUARE ST LOUIS, MO 63164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVAS ADRIAN, K CHECKERBOARD SQUARE ST LOUIS, MO 63164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT LEHMAN, M R CHECKERBOARD SQUARE ST LOUIS, MO 63164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DENIGAN, S M CHECKERBOARD SQUARE GLENDALE, CA 63164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GOSLINE, D W CHECKERBOARD SQUARE ST. LOUIS, MO 63164

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kevin C. Berryman VP & CFO** **04/16/05** **(314) 982-3835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #