

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90255 011 ***150.00

0065249 AT

DOCUMENT # 803990

1. Entity Name

NESTLE PURINA PETCARE COMPANY



Principal Place of Business

CHECKERBOARD SQUARE

INCOME TAX-2C

ST. LOUIS MO 63164

US

Mailing Address

CHECKERBOARD SQUARE

INCOME TAX -2C

ST. LOUIS MO 63164

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-0470580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME MCGINNIS, WP
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP ST LOUIS MO 63164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☐ Delete
NAME BERRYMAN, K C
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP ST LOUIS MO 63164

TITLE VP/CFO/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☐ Delete
NAME ADRIAN, K
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP ST LOUIS MO 63164

TITLE SVP/AS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LEHMAN, M R
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP ST LOUIS MO 63164

TITLE VP/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME DENIGAN, S M
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP GLENDALE CA 63164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME GOSLINE, D W
STREET ADDRESS CHECKERBOARD SQUARE
CITY-ST-ZIP ST LOUIS MO 63164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin C Berryman VP & CFO

4/30/03

(314) 982-3293

Date

Daytime Phone #

CR2E034 (10/02)