

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhaim
Secretary of State
DIVISION OF CORPORATIONS

4-11-96-B 3496 NC

DOCUMENT # 804674 (0)

1. Corporation Name
NESTLE FOOD COMPANY



Principal Place of Business
FIVE HIGH RIDGE PARK STAMFORD CT 06905

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified **01/05/1937** 3a. Date of Last Report **05/01/1995**
4. FEI Number **95-1572209** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

Signature of Temporary Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MULHERN, JOHN R.	
STREET ADDRESS	5037 LAKEVIEW CANYON	
CITY-STATE-ZIP	WESTLAKE VILLAGE CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULT, R.W.	
STREET ADDRESS	1022 OAK CANYON LN	
CITY-STATE-ZIP	GLENDALE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYATT, J. DOUGLAS	
STREET ADDRESS	2123 EDGEVIEW DR	
CITY-STATE-ZIP	HUDSON OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, JOHN J	
STREET ADDRESS	5304 GARTH	
CITY-STATE-ZIP	LOS ANGELES CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JONES, SIMON	
STREET ADDRESS	50 SALEM VIEW DR	
CITY-STATE-ZIP	RIDGEFIELD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARTHOFFER, FRANK J	
STREET ADDRESS	805 SAN MARINO AVE	
CITY-STATE-ZIP	SAN MARINO CA	

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if deleted or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

DISPATCH #

CR2E034 (12/95)