

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 12 1997 8:00 am
Secretary of State

DOCUMENT # 804674 (0)

1. Corporation Name
NESTLE FOOD COMPANY

Principal Place of Business
FIVE HIGH RIDGE PARK STAMFORD CT 06905

Mailing Address
FIVE HIGH RIDGE PARK STAMFORD CT 06905

3. Date Incorporated or Qualified: **01/05/1937**
3a. Date of Last Report: **05/01/1995**

4. FBI Number: **95-1572209**
Applied For: Not Applied:

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 199.C32, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

City & State: 23
City & State: 28

Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHERN, JOHN R.	1.2 NAME	Jones, Simon
STREET ADDRESS	5037 LAKEVIEW CANYON	1.3 STREET ADDRESS	50 SALEM VIEW DR.
CITY-ST-ZIP	WESTLAKE VILLAGE CA	1.4 CITY-ST-ZIP	RIDGEFIELD, CT
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULT, R.W.	2.2 NAME	Siegel, Mark
STREET ADDRESS	1022 OAK CANYON LN	2.3 STREET ADDRESS	14 SOUTH PINE
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	Chappaqua, NY
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, J. DOUGLAS	3.2 NAME	
STREET ADDRESS	2123 EDGEVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON OH	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOHN J	4.2 NAME	
STREET ADDRESS	5304 GARTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SIMON	5.2 NAME	
STREET ADDRESS	50 SALEM VIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHOFFER, FRANK J	6.2 NAME	800002186528 CS
STREET ADDRESS	805 SAN MARINO AVE	6.3 STREET ADDRESS	-05/21/97--01056--004 5/19/97
CITY-ST-ZIP	SAN MARINO CA	6.4 CITY-ST-ZIP	165.00

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 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 on an attachment with an address.

SIGNATURE: *Mark Siegel* **5/1/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR