

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

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
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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
FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12		
1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Simon	
1.3 STREET ADDRESS	50 SALEM VIEW DR.	
1.4 CITY-ST-ZIP	RIDGEFIELD, CT	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SIEGAL, MARK	
2.3 STREET ADDRESS	14 SALEM PLACE	
2.4 CITY-ST-ZIP	CHAPPAQUA, NY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	800002186528	CS
6.4 CITY-ST-ZIP	-05/21/97--01056--004	5/19/97
	***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 Siegal* **5/1/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR