


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90015 012 \*\*\*150.00

0001590

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804674**  
 1. Corporation Name  
**NESTLE USA, INC.**

Principal Place of Business MERRITTVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK CT 06851	Mailing Address MERRITTVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK CT 06851
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 95-1572209	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified  
**01/05/1997**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	JONES, SIMON
STREET ADDRESS	50 SALEM VIEW DR
CITY-ST-ZIP	RIDGEFIELD CT
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
6.4 CITY-ST-ZIP	

14. 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 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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/5/99** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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1  
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Nestlé USA

NESTLÉ HOLDINGS, INC.  
MERRITTVIEW  
383 MAIN AVENUE, 5TH FLOOR  
NORWALK, CT 06851

January 5, 1999

Corporation Reporting: Nestle USA, Inc.  
State Reporting: Florida  
Return Enclosed: Annual Report  
Year: 1999  
Remittance Enclosed: 150.00  
Refund Due: -0-  
Credit to 1998: -0-

Please refer all correspondence concerning the enclosed to:  
Don J. Lewis / Senior State Tax Manager. Also, please  
acknowledge receipt of this return on the second copy of this  
letter. A self-addressed stamped envelope has been enclosed  
for your convenience.

In the future, please forward all Corporation Income and  
Franchise Tax Return forms to:

Merritt Veiw  
383 Main Avenue, 5th floor  
Norwalk, CT 06851

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