
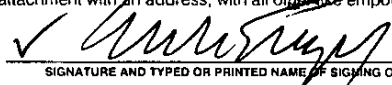


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90012 035 ***150.00

DOCUMENT # 804674 1. Entity Name NESTLE USA, INC.					
Principal Place of Business MERRITVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851			Mailing Address MERRITVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, SIMON 50 SALEM VIEW DR RIDGEFIELD, CT 06877 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. (SR) Alex Spitzer 32 WESTON RD WESTON CT 06883 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLER, JOE 750 CHESTER AVE SAN MARINO, CA 91108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYATT, J. DOUGLAS 2123 EDGEVIEW DR HUDSON, OH 44236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARGENTINE, PETER 508 NORTH MYRTLE AVE MONROVIA, CA 91016 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Gary Kirshenbaum 14 Kitchawan Dr. Chappaqua, N.Y. 10514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGAL, MARK 15 SOUTH PLACE CHAPPAQUA, NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 persons empowered.					
SIGNATURE:  Mark Siegal 1/6/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

804674
ATTACHMENT 50000766

Nestlé USA



Nestlé

MERRITTVIEW
383 MAIN AVENUE, 4th FLOOR
NORWALK, CT 06851

TEL (203) 750-7234

January 6, 2005

Corporation Reporting: NESTLE USA, INC

State Reporting FLORIDA

Return Enclosed ANNUAL REPORT

Year: 2005

Remittance Enclosed \$150.00

Refund Due: \$0.00

Credit to 2005 \$0.00

Please refer all correspondence concerning the enclosed return to : Donald 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:

NESTLE USA, INC
c/o Nestle Holdings, Inc
383 Main Avenue
Norwalk, CT 06851

ATTACHMENT

804624
5 0000766

Nestlé USA



MERRITTVIEW
383 MAIN AVENUE. 4th FLOOR
NORWALK, CT 06851

TEL (203) 750-7234

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