

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90381 046 ***150.00

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1. Entity Name
HERSHEY FOODS CORPORATION

Principal Place of Business
**100 CRYSTAL A DRIVE
HERSHEY PA 17033
US**

Mailing Address
**100 CRYSTAL A DRIVE
HERSHEY PA 17033
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **23-0691590** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
1010
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VAGC	<input type="checkbox"/> Delete	TITLE	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, BURTON S		NAME	Lenny, Richard H.	
STREET ADDRESS	4317 VALLEY VIEW ROAD		STREET ADDRESS	685 Woodthrush Way	
CITY-ST-ZIP	HARRISBURG PA 17112		CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT H		NAME	Arline, Marcella K.	
STREET ADDRESS	PMB 608, 826 ORANGE AVENUE		STREET ADDRESS	254 Dogwood Dr.	
CITY-ST-ZIP	CORONADO CA 92118		CITY-ST-ZIP	Hershey, PA 17033	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVARTS, C. MCCOLLISTER MD		NAME	Azzara, C. Daniel	
STREET ADDRESS	195 SHADY LANE		STREET ADDRESS	35 Valley Drive	
CITY-ST-ZIP	HUMMELSTOWN PA 17036		CITY-ST-ZIP	Annville, PA 17003	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Cerminara, Frank	
STREET ADDRESS			STREET ADDRESS	1157 Quail Hollow Road	
CITY-ST-ZIP			CITY-ST-ZIP	Hummelstown, PA 17036	
TITLE		<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Garrabrant, R. Montgomery	
STREET ADDRESS			STREET ADDRESS	39 Bonnywick Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Harrisburg, PA 17111	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gloeckler, Michelle J.	
STREET ADDRESS			STREET ADDRESS	105 Brinser Court	
CITY-ST-ZIP			CITY-ST-ZIP	Hummelstown, PA 17036	

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 like empowered.

SIGNATURE: *[Signature]* **Ass't Sec. & Ass't Treasurer** **APR 09 2003** 717-534-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)