


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State


DOCUMENT # 805150

1. Entity Name
H.J.HEINZ COMPANY



Principal Place of Business 600 GRANT STREET P.O. BOX 57 PITTSBURGH, PA 15230	Mailing Address 600 GRANT STREET P.O. BOX 57 PITTSBURGH, PA 15230
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-0542520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, WILLIAM R 600 GRANT STREET PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT CROWE, JOHN C 600 GRANT ST PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC WINKLEBLACK, ARTHUR B 600 GRANT STREET PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MILONE, MICHAEL D 600 GRANT STREET PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIEDZINSKI, RENE D 600 GRANT STREET PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULLO, LEONARD A JR 600 GRANT STREET PITTSBURGH, PA 15219

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100000373082
 07/18/05-80001-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **John C. Crowe** **7/6/05** **412-456-6137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #