


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 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	



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-0542520	Applied For (Not Applicable)
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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, 2006 Fee will be \$550.00

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

000000563004
 05/19/06-80078-009 150.00

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard P. Beard **ASSIGNMENT INFLASURER** 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #