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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 806015 (4)**  
1. Corporation Name  
**GERBER PRODUCTS COMPANY**

Principal Place of Business <b>445 STATE STREET FREMONT MICHIGAN 49412</b>	Mailing Address <b>445 STATE STREET FREMONT MICHIGAN 49412</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/24/1945</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>38-0558270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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
85 Zip Code

**FL**

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>COB</b>
NAME	<b>ALFRED A. PIERGALLINI</b>
STREET ADDRESS	<b>5043 32ND ST.</b>
CITY - ST - ZIP	<b>FREMONT MI</b>
TITLE	<b>S</b>
NAME	<b>KILEY, KRISTINA</b>
STREET ADDRESS	<b>1682 PRINCE LANE</b>
CITY - ST - ZIP	<b>MUSKEGON MI</b>
TITLE	<b>D</b>
NAME	<b>CARLSON, ROBERT B</b>
STREET ADDRESS	<b>2301 W LAFAYETTE</b>
CITY - ST - ZIP	<b>DETROIT MI</b>
TITLE	<b>VP</b>
NAME	<b>DENNIS G. TISCHLER</b>
STREET ADDRESS	<b>4888 DOUG DRIVE</b>
CITY - ST - ZIP	<b>WHITEHALL MI</b>
TITLE	<b>D</b>
NAME	<b>CUMMINGS, HARRINGTON M</b>
STREET ADDRESS	<b>OCEAN REEF, MAIL ROOM BOX 446</b>
CITY - ST - ZIP	<b>KEY LARGO FL</b>
TITLE	<b>VT</b>
NAME	<b>THOMPSON, C S</b>
STREET ADDRESS	<b>1230 S DICKINSON</b>
CITY - ST - ZIP	<b>FREMONT MI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Vice Chairman of the Board,</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>President, CEO</b>	
13 STREET ADDRESS	<b>ALFRED A. PIERGALLINI</b>	<b>SEE LIST ATTACHED</b>
14 CITY - ST - ZIP	<b>445 State Street</b>	
	<b>Fremont, MI 49413</b>	
21 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ROBERT L. THOMPSON, JR.</b>	
23 STREET ADDRESS	<b>608 5th Avenue</b>	
24 CITY - ST - ZIP	<b>New York, NY 10020</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DELETE</b>	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	<b>445 State Street</b>	
44 CITY - ST - ZIP	<b>Fremont, MI 49413</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>DELETE</b>	
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<b>Asst. Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>RICHARD E. DUNNING</b>	
63 STREET ADDRESS	<b>445 State Street</b>	
64 CITY - ST - ZIP	<b>Fremont, MI 49413</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Donnis G. Tischler Donnis G. Tischler - VP, Tax 4-17-95 616-928-2848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

806015

**GERBER PRODUCTS COMPANY  
Fremont, Michigan**

**DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>
Dr. Rolf Schweizer	Lichstrasse 35, CH-4002 Basle, Switzerland
Alfred A. Piergallini	445 State Street, Fremont, MI 49413
Dr. Raymund Breu	Lichstrasse 35, CH-4002 Basle, Switzerland
Donald M. Doyle	Route 4, Box 126, Marble Falls, TX 78654
Heinz P. Imhof	608 5th Avenue, New York, NY 10020
Alexander F. Jetzer	Lichstrasse 35, CH-4002 Basle, Switzerland
David Pyott	5320 W. 23rd St., Minneapolis, MN 55440
Fred K. Schomer	445 State Street, Fremont, MI 49413

**OFFICERS**

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Chairman of the Board	Dr. Rolf Schweizer	Lichstrasse 35, CH-4002 Basle, Switzerland
Vice Chairman of the Board, President & CEO	Alfred A. Piergallini	445 State Street Fremont, MI 49413
Exec. VP & Chief Financial Officer	Fred K. Schomer	445 State Street Fremont, MI 49413
Vice President, Tax	Dennis G. Tischler	445 State Street Fremont, MI 49413
Vice President & General Counsel	John J. James	445 State Street Fremont, MI 49413
VP Research & Development	Dr. Richard Cotter	445 State Street Fremont, MI 49413
Secretary	Robert L. Thompson, Jr.	608 5th Avenue New York, NY 10020
Assistant Treasurer	Richard E. Dunning	445 State Street Fremont, MI 49413