

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **806015** (4)  
1. Corporation Name  
**GERBER PRODUCTS COMPANY**



Principal Place of Business: **445 STATE STREET, FREMONT MICHIGAN 49412**  
Mailing Address: **445 STATE STREET, FREMONT MICHIGAN 49412**

3. Date Incorporated or Qualified: **11/24/1945**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **38-0558270**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

Signature (typed or printed name of registered agent in Block 9, etc.)

Date (Typed or Printed Agent Signature and Date of Signing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>COB</b>	<input type="checkbox"/> DELETE
NAME	<b>ALFRED A. PIERGALLINI</b>	
STREET ADDRESS	<b>445 STATE STREET</b>	
CITY-ST-ZIP	<b>FREMONT MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, ROBERT L. J</b>	
STREET ADDRESS	<b>608 5TH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNNING, RICHARD E.</b>	
STREET ADDRESS	<b>445 STATE STREET</b>	
CITY-ST-ZIP	<b>FREMONT MI</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DENNIS G. TISCHLER</b>	
STREET ADDRESS	<b>445 STATE STREET</b>	
CITY-ST-ZIP	<b>FREMONT MI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEE LIST ATTACHED</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Corrado</b>
3.3 STREET ADDRESS	<b>445 State Street</b>
3.4 CITY-ST-ZIP	<b>Fremont, MI 49413</b>
4.1 TITLE	<b>Vice President &amp; General Counsel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John J. James</b>
4.3 STREET ADDRESS	<b>445 State Street</b>
4.4 CITY-ST-ZIP	<b>Fremont, MI 49413</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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: *John Corrado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John Corrado - Treasurer**

4-11-96 616-928-2848  
Date Date of Filing

CR2E034 (12/95)

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
Alexander F. Jetzer	608 5th Avenue, New York, NY 10020
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>
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 & General Counsel	John J. James	445 State Street Fremont, MI 49413
Controller	Stan M. Vander Roest	445 State Street Fremont, MI 49413
Secretary	Robert L. Thompson, Jr.	608 5th Avenue New York, NY 10020
Treasurer	John Corrado	445 State Street Fremont, MI 49413