

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90156 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 806015
 1. Corporation Name
GERBER PRODUCTS COMPANY



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 11/24/1945
 4. FEI Number: 38-0558270 Applied For: Not Applicable
 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 owes the current year Intangible Personal Property Tax: Yes No

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: **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRADO, JOHN	1.2 NAME	
STREET ADDRESS	445 STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT MI 49413	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERGALLINI, ALFRED A	2.2 NAME	President & CEO
STREET ADDRESS	445 STATE STREET	2.3 STREET ADDRESS	Frank Palantoni
CITY-ST-ZIP	FREMONT MI 49413	2.4 CITY-ST-ZIP	560 Morris Avenue
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COB	3.2 NAME	Summit, NJ 07901
STREET ADDRESS	JETZER, ALEXANDER F	3.3 STREET ADDRESS	
CITY-ST-ZIP	LICHSTRASSE 35, CH-4002	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPGS	4.2 NAME	Secretary
STREET ADDRESS	JAMES, JOHN J.	4.3 STREET ADDRESS	Christopher Fitzpatrick
CITY-ST-ZIP	445 STATE STREET	4.4 CITY-ST-ZIP	560 Morris Ave., Bldg. F
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVPC	5.2 NAME	Vice Pres./CFO-U.S. Op
STREET ADDRESS	FURGER, KURT	5.3 STREET ADDRESS	Stan M. Vander Roest
CITY-ST-ZIP	445 STATE STREET	5.4 CITY-ST-ZIP	445 State Street
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	Fremont, MI 49413
STREET ADDRESS	BREU, RAYMUND DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LICHSTRASSE 35	6.4 CITY-ST-ZIP	
	CH-4002 BASLE SW		

14. 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 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, with all other like empowered.

SIGNATURE: John Corrado SIGNATURE REQUIRED John Corrado-Treasurer 3-30-99 616-928-2848
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)

389676-90156-1

#806615

GERBER PRODUCTS COMPANY
Fremont, Michigan

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Dr. Raymund Breu	Lichstrasse 35, CH-4002 Basle, Switzerland
Douglas Watson	556 Morris Avenue, Summit, NJ 07901
Alexander F. Jetzer	Lichstrasse 35, CH-4002 Basle, Switzerland

OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Chairman of the Board	Alexander F. Jetzer	Lichstrasse 35, CH-4002 Basle, Switzerland
President & CEO	Frank Palantoni	560 Morris Avenue Summit, NJ 07901
Secretary	Christopher Fitzpatrick	560 Morris Ave., Bldg. F Summit, NJ 07901
Vice President/CFO - U.S. Operations	Stan M. Vander Roest	445 State Street Fremont, MI 49413
Treasurer	John Corrado	445 State Street Fremont, MI 49413