**FILED** 

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90156 001 \*\*\*150.00

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

**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 • Mailing Address					1 (44)14)1 (4	'ii daile fiith eates iles	)) <b>  </b>		athli man iabi		
445 STATE STREET 445 STATE STREET											
FREMONT MICHIGAN 49412 FREMONT MICHIGAN 49412 -						DO NOT WRITE IN THIS SPACE					
					3. Date Incorpor	rated or Qualifed					
					11/24/194				ļ		
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del>		4. FEI Number	<u>-</u>		A	Applied For		
21		26			38-055827	<b>'</b> 0			lot Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired			Additional		
22		27			- Corarodic or				Required		
City & State	)	City & State			6. Election Cam				May Be		
23		28			Trust Fund C				to Fees		
Zip	Country	Zip	Country			tion owes the curre		ngible □Yes	□No		
24	[25]	29 38	<u>'1</u>		Personal Pro	ddress of New R					
Name and Address of Current Registered Agent					10: [48][10 0110 7	udioss of flow fo					
CT C	ORPORATION SYSTEM		82	Name	Address (P.O. Box Numl	her is Not Accenta	hla)				
1200 S. PINE ISLAND ROAD				30000	Address (F.O. Dox Humi						
PLANTATION FL 33324			83								
			84	City			FL	85 Zip	Code		
						atatament for the		l parina i	te renietered		
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 agen	ANOTE: Do	gietorad Age	at ekonoture e	required when reinstating)		DATE				
12.	OFFICERS AN		13.	it signisions.		HANGES TO OFF	ICERS AND	DIRECT	ORS IN 12		
TITLE	T	☐ DELETE	1,1 TITLE					☐ Change	Addition		
NAME	CORRADO, JOHN		1.2 NAME								
STREET ADDRESS	445 STATE STREET		1.3 STREE	ADDRESS							
CITY-ST-ZIP	FREMONT MI 49413		1.4 CITY-S	T-ZIP							
- IIILE	D	- iX delete	2.1-TITLE	-	President	& CEO		Change Ch	Addition		
NAME	PIERGALLINI, ALFRED A	•	2.2 NAME		Frank Pala						
STREET ADDRESS	445 STATE STREET		2.3 STREE	TADDRESS	560 Morris						
CITY-ST-ZIP	FREMONT MI 49413		2, 4 CITY-5	ST-ZIP	Summit, NJ	=					
TITLE	COB	☐ DELETE	3.1 TITLE		Summer, No	07701		Change	e 🔲 Addition		
NAME	jetzer, alexander f		3.2 NAME								
STREET ADDRESS	LICHSTRASSE 35, CH-4002		3.3 STREE	TADDRESS	[						
CITY-ST-ZIP	BASLE SW		3.4. CITY-5	T-ZIP				<u></u>	Addition		
TITLE '	VPGS	₩ DELETE	4.1 TITLE		Secretary	_		Change	e		
NAME	JAMES, JOHN J.	•	4.2 NAME		Christophe						
STREET ADDRESS	445 STATE STREET		4.3 STREE	TADDRESS	560 Morris		3ldg.	F			
CITY-ST-ZIP	FREMONT MI 49413		4.4 CITY-S	T-ZIP	Summit, NJ	07901	0 0	EX.OL.	Naddition.		
TITLE	SVPC	☐ DELETE	5.1 TITLE		Vice Pres			<b>E</b> TENange	e Addition		
NAME	Furger, Kurt		5.2 NAME		Stan M. V	/ander Ro	pest				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

445 STATE STREET

FERMONT MI 49413

BREU, RAYMUND DR.

LICHSTRASSE 35

CH-4002 BASLE SW

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Corrado-Treasurer <u>3-30-99</u>

445 State Street

Fremont, MI 49413

Change

Addition

#806615

# GERBER PRODUCTS COMPANY Fremont, Michigan

#### **DIRECTORS**

#### NAME

Dr. Raymund Breu Douglas Watson Alexander F. Jetzer

#### **ADDRESS**

Lichstrasse 35, CH-4002 Basle, Switzerland 556 Morris Avenue, Summit, NJ 07901 Lichstrasse 35, CH-4002 Basle, Switzerland

#### **OFFICERS**

TITLE	NAME_	ADDRESS				
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				