

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 806015

FILED
May 01, 2006
Secretary of State

Entity Name: GERBER PRODUCTS COMPANY

Current Principal Place of Business:

200 KIMBALL DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

200 KIMBALL DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 38-0558270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FURGER, KURT
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: PCEO () Delete
Name: SCHMIDT, KURT
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP () Delete
Name: YATES, DAVID
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPS () Delete
Name: RICH, JANET
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP () Delete
Name: KINZBACH, JEFF
Address: 445 STATE STREET
City-St-Zip: FREMONT, MI 49413

Title: AT () Delete
Name: VOLPI, ROBERT
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CADIEUX, ANDRE
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JACOBS, DIANNE
Address: 200 KIMBALL DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J VOLPI

AT

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date