819486

900003330849--6

Annual Report
Filed 4-28-93

3pgs.

PET
INCORPORATED

Pet Incorporated
P.O. Box 392
St. Louis, MO 63166-0392
(314) 622 7700

FAX: (314) 622 6525
FAX: (314) 622 6528

APR 22 1993

Division of Corporations
Annual Reports
Caller Service #1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed please find 1993 Corporation Annual Report together with our checks for $200.00 each in payment for the filing fees for the following corporations:

Pet Incorporated	$200.00
Progresso Foods Co.	$200.00
Pet Milk Company	$200.00

Very truly yours,

PET INCORPORATED

Mary A. King

Mary A. King
Tax Manager, Compliance

MAK:cc
Enclosures

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # 819486 (2)

PET MILK COMPANY
C/O TAX DEPARTMENT, 400 S. 4TH ST.
P.O. BOX 392
SAINT LOUIS MO 63166-0392

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 04/06/1966
3a. Date of Last Report: 07/15/1992
4. FEI Number: 430839128 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1508, 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 ______
Registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	S/D	1.1 TITLE	
1.2 NAME	VOGT, PHYLLIS P.	1.2 NAME	
1.3 ADDRESS	200 WEST WHITE	1.3 ADDRESS	
1.4 CITY-ST-ZIP	MILLSTADT, IL 00000	1.4 CITY-ST-ZIP	
2.1 TITLE	V	2.1 TITLE	
2.2 NAME	WESTCOTT, J.A.	2.2 NAME	
2.3 ADDRESS	617 CARMAN FOREST LN.	2.3 ADDRESS	
2.4 CITY-ST-ZIP	ST LOUIS, MO 0	2.4 CITY-ST-ZIP	
3.1 TITLE	P/D	3.1 TITLE	
3.2 NAME	MITTELBUSHER, RICHARD L.	3.2 NAME	
3.3 ADDRESS	1151 WESTMOOR PLACE	3.3 ADDRESS	
3.4 CITY-ST-ZIP	TOWN & COUNTRY, MO 0	3.4 CITY-ST-ZIP	
4.1 TITLE	T/D/V	4.1 TITLE	
4.2 NAME	INIZEL, ANTHONY	4.2 NAME	
4.3 ADDRESS	1220 TAKARA CT.	4.3 ADDRESS	
4.4 CITY-ST-ZIP	ST LOUIS, MO 0	4.4 CITY-ST-ZIP	
5.1 TITLE	A/T/D	5.1 TITLE	
5.2 NAME	WESLEY, PATRICK G	5.2 NAME	
5.3 ADDRESS	4704 BENNING	5.3 ADDRESS	
5.4 CITY-ST-ZIP	GRANITE CITY, IL 0	5.4 CITY-ST-ZIP	
6.1 TITLE	V	6.1 TITLE	
6.2 NAME	SHEETS, MYRON	6.2 NAME	
6.3 ADDRESS	84 N.7 GREEN DR.	6.3 ADDRESS	
6.4 CITY-ST-ZIP	ST CHARLES, MO 0	6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE James A Westcott — DATE APR 22 1993

Print/Type Name of Signing Officer or Director: JAMES A WESTCOTT — Title: VICE PRESIDENT — Daytime Telephone Number: (314) 622-6150