
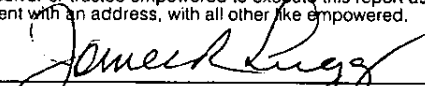


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90093 038 \*\*\*150.00

<b>DOCUMENT # 844009</b> 1. Entity Name <b>TRANSFRESH CORPORATION</b>					
Principal Place of Business <b>950 E BLANCO RD SALINAS, CA 93901</b>			Mailing Address <b>PO BOX 80599 SALINAS, CA 93912-0599</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>94-1620943</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President &amp; Director</b> <input type="checkbox"/> Delete <b>LUGG, JAMES R</b> <b>950 E BLANCO RD</b> <b>SALINAS, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP &amp; Secretary &amp; Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert W. Olson</b> <b>250 E. Fifth Street, Cincinnati, OH 45202</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>COOK, JEFF</b> <b>950 E BLANCO RD</b> <b>SALINAS, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP &amp; Treasurer &amp; Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>William A. Tsacalis</b> <b>250 E. Fifth Street, Cincinnati, OH 45202</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP &amp; Asst. Sec. &amp; Director</b> <input type="checkbox"/> Delete <b>MCLAUGHLIN, BRIAN</b> <b>950 E BLANCO RD</b> <b>SALINAS, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO</b> <input checked="" type="checkbox"/> Delete <b>DREUER, MARK</b> <b>950 E BLANCO RD</b> <b>SALINAS, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP &amp; Director</b> <input type="checkbox"/> Delete <b>Tanios Viviani</b> <b>950 E. Blanco Rd., Salinas, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP &amp; Controller</b> <input type="checkbox"/> Delete <b>Brian Donnan</b> <b>950 E. Blanco Rd., Salinas, CA 93901</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>3-6-06</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

## ATTACHMENT

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 844009

1. Entity Name  
TRANSFRESH CORPORATION

Principal Place of Business

950 E BLANCO RD  
SALINAS, CA 93901

Mailing Address

PO BOX 80599  
SALINAS, CA 93912-0599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-1620943

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President & Director ☐ Delete  
NAME LUGG, JAMES R  
STREET ADDRESS 950 E BLANCO RD  
CITY-ST-ZIP SALINAS, CA 93901TITLE S ☒ Delete  
NAME COOK, JEFF  
STREET ADDRESS 950 E BLANCO RD  
CITY-ST-ZIP SALINAS, CA 93901TITLE VP & Asst. Sec. & Director ☐ Delete  
NAME MCLAUGHLIN, BRIAN  
STREET ADDRESS 950 E BLANCO RD  
CITY-ST-ZIP SALINAS, CA 93901TITLE CEO ☒ Delete  
NAME DREUER, MARK  
STREET ADDRESS 950 E BLANCO RD  
CITY-ST-ZIP SALINAS, CA 93901TITLE VP & Director ☐ Delete  
NAME Tanios Viviani  
STREET ADDRESS 950 E. Blanco Rd., Salinas, CA 93901  
CITY-ST-ZIPTITLE VP & Controller ☐ Delete  
NAME Brian Donnan  
STREET ADDRESS 950 E. Blanco Rd., Salinas, CA 93901  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP & Secretary & Director ☐ Change ☐ Addition  
NAME Robert W. Olson  
STREET ADDRESS 250 E. Fifth Street, Cincinnati, OH 45202  
CITY-ST-ZIPTITLE VP & Treasurer & Director ☐ Change ☐ Addition  
NAME William A. Tsacalis  
STREET ADDRESS 250 E. Fifth Street, Cincinnati, OH 45202  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

ATTACHMENT

40031737



#84109

March 8, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: TransFRESH Corporation**  
**FEI Number: 94-1620943**

Dear Sir/Madam:

Please find the following documents for filing regarding the above referenced case.

- 2006 For Profit Corporation Annual Report
- Check No. 37405 in the amount of 150.00

Also enclosed is a prepaid envelope and a second copy of the Applications please file stamp and return.

Thank you for your assistance.

Sincerely,

Rosa Rodriguez  
Legal Department  
Fresh Express Incorporated  
Direct Phone: 831/775-2444  
Fax Phone: 831/775-2321

/rr  
Enclosure