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

PROFIT

SIGNATURE:

Feb 12 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 850555 THE DANNON COMPANY, INC. Principal Place of Business Mailing Address 120 WHITE PLAINS DR 120 WHITE PLAINS OR **TARRYTOWN NY 10591-5536 TARRYTOWN NY 10591-5536** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 11-2574007 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prieted name of mystered age of and the displicable (NOTL. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE SPAGNOLO, ANTONIO NAME 1.2 NAME 120 WHITE PLAINS ROAD 1.3 STREET ADDRESS STREET ADDRESS TARRYTOWN NY 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LAUBIE, CHRISTIAN 2.2 NAME NAME 120 WHITE PLAINS RD 2 3 STREET ADDRESS STREET ADDRESS TARRYTOWN NY CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELFTE ■ Addition TITLE 31 TITLE DEVINE, DONALD 3.2 NAME NAME 120 WHITE PLAINS RD STREET ADDRESS 3.3 STREET ADDRESS TARRYTOWN NY 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE THILE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental agrupting officer or director of the corporation or the receiver or put Block 12 or Block 13 if changed, or or an attack ment with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rups report and accurate and that my signature shall have the same legal effect as if made under oath; that I am an par funder empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in end with an address

FLORIDA DEPARTMENT OF STATE

FILED

914-366-2713