

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854356 (3)**

1. Corporation Name  
**EAGLE SNACKS, INC.**



Principal Place of Business ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118	Mailing Address ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>231 S. Bemiston Avenue</b> Suite, Apt. #, etc. 22 <b>Suite 600</b> City & State 23 <b>Clayton, MO</b> Zip 24 <b>63105</b>	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip 29 _____	Country 25 _____	Country 30 _____
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3. Date Incorporated or Qualified <b>10/12/1982</b>	4. FEI Number <b>43-1246129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83 _____	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>OPDYKE, WILLIAM H.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>THAYER, GERALD C.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>REEVES, LAURA H.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>LEAVENWORTH, DAVID S.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWLER, KEVIN F</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ISELIN JR., JOHN W</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**Schedule Attached**

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.

SIGNATURE: \_\_\_\_\_ DATE: **3/5/98** TELEPHONE: **314-577-2359**

CR2E034 (10/97)

**EAGLE SNACKS, INC.**

(Business Address: 231 South Bemiston Avenue, Suite 600, Clayton, MO 63105)

(Mailing Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

David A. Poldoian	President
William J. Kimmins	Treasurer
Laura H. Reeves	Secretary
George S. Thomas	Assistant Secretary
Frederick B. Kruger	Assistant Secretary
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

**DIRECTORS**

David A. Poldoian  
Martin D. Cargas

Effective 12/1/97