

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90313 001 \*2,700.00

**DOCUMENT # 854356**

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

Principal Place of Business  
**231 S BEMISTON AVE**  
**STE 600**  
**CLAYTON MO 63105**  
**US**

Mailing Address  
**ATTN: CORPORATE TAX DEPT.**  
**ONE BUSCH PLACE**  
**ST. LOUIS MO 63118**

05004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1246129**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>POLDOIAN, DAVID A</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63118</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>KIMMINS, WILLIAM J JR.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63118</b>	
TITLE	S	<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	TC	<input type="checkbox"/> Delete
NAME	<b>CASTAGNO, JOHN D</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63118</b>	
TITLE	AT	<input type="checkbox"/> Delete
NAME	<b>SAUERHOFF, DAVID C</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63118</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>KRUGER, FREDERICK B</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63118</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>SCHEDULE ATTACHED</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D. Castagno**  
**Tax Controller**

APR 18 2002

314/577-7996

Date

Daytime Phone #

CFR2E034 (9/01)

Officers and Directors

**Eagle Snacks, Inc.**

Principal Place of Business: 231 South Bemiston Avenue  
Suite 600  
Clayton, MO 63105

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

DOC # 854356

<u>Officer</u>	<u>Title</u>
David A. Poldoian	President
Laura H. Reeves	Secretary
Frederick B. Kruger	Assistant Secretary
William J. Kimmins Jr.	Vice President and Treasurer
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

<u>Director</u>	<u>Title</u>
Martin D. Cargas	Director
David A. Poldoian	Director