

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006938

FILED
Jul 10, 2006
Secretary of State

Entity Name: HERSHEY CREAMERY COMPANY

Current Principal Place of Business:

301 S. CAMERON STREET
HARRISBURG, PA 17101

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1821
HARRISBURG, PA 17105

New Mailing Address:

FEI Number: 23-0691670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOLDER, GEORGE H
Address: 1800 WARREN STREET
City-St-Zip: NEW CUMBERLAND, PA 17070

Title: DP () Delete
Name: HOLDER, GEORGE HUGH
Address: 1705 FAIRMONT DRIVE
City-St-Zip: MECHANICSBURG, PA 17055

Title: D () Delete
Name: PYKE, EARL W
Address: 508 E. LOCUST STREET
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP () Delete
Name: RYAN, THOMAS J III
Address: 19 EMLYN LANE
City-St-Zip: MECHANICSBURG, PA 17055

Title: S () Delete
Name: HOLDER, WALTER S
Address: 31 SUNFIRE AVENUE
City-St-Zip: CAMP HILL, PA 17020

Title: T () Delete
Name: HOLDER, THOMAS M
Address: 359 MARTINGALE DRIVE
City-St-Zip: CAMP HILL, PA 17020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J CAMPBELL

CFO

07/10/2006

Electronic Signature of Signing Officer or Director

_____ Date