

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006938

FILED  
Feb 01, 2011  
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:**

301 S. CAMERON STREET  
HARRISBURG, PA 17101

**New Mailing Address:**

**FEI Number:** 23-0691670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOLDER, GEORGE HUGH  
Address: 560 LUCINDA LANE  
City-St-Zip: MECHANICSBURG, PA 17055

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LINDA L. RITTEL

AS

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date