

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45845

FILED
Jan 05, 2011
Secretary of State

Entity Name: EAST BALT. BAKERY OF FLORIDA, INC.

Current Principal Place of Business:

1801 WEST 31ST STREET
CHICAGO, IL 60608

New Principal Place of Business:

1801 WEST 31ST PLACE
CHICAGO, IL 60608

Current Mailing Address:

1801 WEST 31ST STREET
CHICAGO, IL 60608

New Mailing Address:

1801 WEST 31ST PLACE
CHICAGO, IL 60608

FEI Number: 36-3184006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: COB
Name: KUCHURIS, FRANK L
Address: 1801 WEST 31ST PLACE
City-St-Zip: CHICAGO, IL 60608

Title: P
Name: PETENES, JOHN
Address: 1801 WEST 31ST PLACE
City-St-Zip: CHICAGO, IL 60608

Title: EVPC
Name: BOROWSKI, JOHN T.
Address: 1801 W. 31ST PLACE
City-St-Zip: CHICAGO, IL 60608

Title: SRVP
Name: PAVISH, SUSAN
Address: 1801 WEST 31ST PLACE
City-St-Zip: CHICAGO, IL 60608

Title: AS
Name: HOMER, RICHARD
Address: 203 NORTH LASALLE STREET #1900
City-St-Zip: CHICAGO, IL 60608

Title: EVP
Name: KUCHURIS, MARK
Address: 1801 W 31ST PLACE
City-St-Zip: CHICAGO, IL 60608

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: SUSAN PAVISH

SRVP

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date