

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
Aug 12 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000000146 (0)
 1. Corporation Name
SNAPPLE BEVERAGE CORP.



| | |
|--|--|
| Principal Place of Business 321 N. CLARK STREET P. O. BOX 049001. #25-3 CHICAGO IL 60604-9001 US | Mailing Address 321 N. CLARK STREET P. O. BOX 049001. #25-3 CHICAGO IL 60604-9001 US |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/29/1993 | 3a. Date of Last Report 04/12/1996 |
| 4. FEI Number 04-3149065 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | CD <input type="checkbox"/> DELETE |
| NAME | DOYLE, JAMES F |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | UZZI, DONALD R |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |
| TITLE | PT <input type="checkbox"/> DELETE |
| NAME | COOPER, JANET |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | GETTINGS, THOMAS L |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | JARTZ, JOHN G |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | KOSS, ALAN |
| STREET ADDRESS | 321 N. CLARK ST. |
| CITY-ST-ZIP | CHICAGO IL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <i>see attached</i> |
| 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 | 800002266448 |
| 6.3 STREET ADDRESS | -08/14/97--01002--015 |
| 6.4 CITY-ST-ZIP | ***558.75 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **6/27/97** (812) 222-7829 Daytime Phone #

CR2E034 (12/95)

**SNAPPLE BEVERAGE CORP.
OFFICERS AND DIRECTORS**

OFFICERS

**James F. Doyle, Chairman and Chief Executive Officer
321 N. Clark Street, Chicago, Illinois 60610**

**Janet K. Cooper, Vice President and Treasurer
321 N. Clark Street, Chicago, Illinois 60610**

**Thomas L. Gettings, Vice President and Controller
321 N. Clark Street, Chicago, Illinois 60610**

**John G. Jartz, Vice President
321 N. Clark Street, Chicago, Illinois 60610**

**Richard E. Smith Vice President
321 N. Clark Street, Chicago, Illinois 60610**

**Mary M. Hoskins, Assistant Treasurer
321 N. Clark Street, Chicago, Illinois 60610**

**Marcia S. Laz, Assistant Secretary
321 N. Clark Street, Chicago, Illinois 60610**

**Gerald A. Cassioppi, Secretary
321 N. Clark Street, Chicago, Illinois 60610**

DIRECTORS

**James F. Doyle
321 N. Clark Street, Chicago, Illinois 60610**

**Thomas E. O'Neill
321 N. Clark Street, Chicago, Illinois 60610**

**Michael B. Schott
321 N. Clark Street, Chicago, Illinois 60610**

current of 01/11/97