

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000874 (7)**

1. Corporation Name:

**NESTLE REFRESHMENTS COMPANY**

Principal Place of Business:

**30003 BAINBRIDGE RD.  
SOLON OH 44139**

Mailing Address:

**30003 BAINBRIDGE RD.  
SOLON OH 44139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1994** 3a. Date of Last Report:

**02/22/1994**

2. Principal Place of Business:

21. Suite, Apt. #, etc:

22. City & State:

24. Zip:

25. Country:

2a. Mailing Address:

26. Suite, Apt. #, etc: **FIVE HILARIDGE PARK**

27. City & State:

28. **STAMFORD, CT**

29. Zip:

**06905**

30. Country:

**USA**

4. FEI Number:

**34-1672329**

Applied For:

Not Applicable

5. Certificate of Status Desired:

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:

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

10. Name and Address of New Registered Agent:

B1. Name:

B2. Street Address (P.O. Box Number is Not Acceptable):

B3. City:

B4. State:

**FL**

B5. 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:

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORTI, MARIO A
STREET ADDRESS	345 SPEAR ST.
CITY, ST, ZIP	SAN FRANCISCO CA 94105
TITLE	VT
NAME	JALEN, KENNETH L
STREET ADDRESS	30003 BAINBRIDGE RD.
CITY, ST, ZIP	SOLON OH 44139
TITLE	S
NAME	WYATT, J. DOUGLAS
STREET ADDRESS	30003 BAINBRIDGE RD.
CITY, ST, ZIP	SOLON OH 44139
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	
12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY, ST, ZIP	
15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME	
15.3 STREET ADDRESS	
15.4 CITY, ST, ZIP	
16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.2 NAME	
16.3 STREET ADDRESS	
16.4 CITY, ST, ZIP	

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 110.07(6)(b), 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:

*E. Simon Jones*

**E. SIMON JONES**  
Assistant Treasurer

4/21/95

FD-350 (Rev. 8-83)

