

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000000874 (7)**

1. Corporation Name

NESTLE REFRESHMENTS COMPANY



Principal Place of Business

Mailing Address

30003 BAINBRIDGE RD.
SOLOH OH 44139

FIVE HIGHRIDGE PARK
STAMFORD CT 06905
US

3. Date Incorporated or Qualified **02/22/1994** 3a. Date of Last Report **05/01/1995**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature (Type or printed name of registered agent and date)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORTI, MARIO A	
STREET ADDRESS	345 SPEAR ST.	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JALEN, KENNETH L	
STREET ADDRESS	30003 BAINBRIDGE RD.	
CITY - ST - ZIP	SOLOH OH 44139	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYATT, J. DOUGLAS	
STREET ADDRESS	30003 BAINBRIDGE RD.	
CITY - ST - ZIP	SOLOH OH 44139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER ARGENTINE	
1.3 STREET ADDRESS	508 N. MYRTLE AVE.	
1.4 CITY - ST - ZIP	MURFRESBORO, LA 71016	
2.1 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON GIBLIN	
2.3 STREET ADDRESS	6 LANDMARK SQUARE	
2.4 CITY - ST - ZIP	STAMFORD, CT 06902	
3.1 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK SIEGAL	
3.3 STREET ADDRESS	15 SOUTH PLACE	
3.4 CITY - ST - ZIP	CHARROQUA, NY	
4.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WAYNE ERDEBACK	
4.3 STREET ADDRESS	1200 GALE ROAD	
4.4 CITY - ST - ZIP	MURFRESBORO, OH 44022	
5.1 TITLE	ASST. TREASURER - TAX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	E. SINCE JONES	
5.3 STREET ADDRESS	50 SALAM NEW DRIVE	
5.4 CITY - ST - ZIP	RIDGEFIELD, CT 06877	
6.1 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALEXANDER SPITZER	
6.3 STREET ADDRESS	32 WESTON ROAD	
6.4 CITY - ST - ZIP	WESTON, CT 06883	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/94

DATE

Telephone #

CR2E034 (12/95)