FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003353 (9)

1. Corporation Name
MULTIFOODS SEAFOOD, INC.

Principal Place of Business	Mailing Address
MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402	MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 41-1777741 ☐ 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 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LUISO, ANTHONY	1.2 NAME		
STREET ADDRESS	3424 W. CALHOUN PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55416	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, JAY I	2.2 NAME		
STREET ADDRESS	110 BANK ST. SE, #403	2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55414	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COCROFT, DUNCAN H	3.2 NAME		
STREET ADDRESS	495 HIGHCROFT ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, KIM M	4.2 NAME		
STREET ADDRESS	3430 OAKTON DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55305	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BONVINO, FRANK W	5.2 NAME		
STREET ADDRESS	5518 WEST HIGHWOOD DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55436	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DENNIS R	6.2 NAME		
STREET ADDRESS	12700 KILLDEER ST. NW	6.3 STREET ADDRESS		
CITY-ST-ZIP	COON RAPIDS MN 55448	6.4 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 119.07(3)(i), 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: D. R. Johnson/Asst. Treasurer 4/13/95 612-340-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467980 FP

F9400060335

MULTIFOODS SEAFOOD, INC.
Multifoods Tower, Box 2942
Minneapolis, Minnesota 55402

List of Officers and Directors

Officer

1.	Anthony Luiso	Chairman of the Board
2.	Jay I. Johnson	Vice Chairman of the Board
3.	James R. Stolle	President
4.	Duncan H. Cocroft	Vice President - Finance
5.	Kim M. Erickson	Treasurer
6.	Frank W. Bonvino	Secretary
7.	Dennis R. Johnson	Assistant Treasurer
8.	Timothy J. Keenan	Assistant Secretary
9.	Doris K. Tuura	Assistant Secretary

Directors

Anthony Luiso
Jay I. Johnson
Duncan H. Cocroft

	Addresses	Home Phone No.
1.	401 S. 1st St., #1811, Mpls., MN 55401	(612)926-4949
2.	110 Bank Street S.E., #403, Mpls., MN 55414	(612)623-8087
3.	2168 Birch Lane N., Brainerd, MN 56401	(612)825-9495
4.	1117 Marquette Ave., #2406, Mpls., MN 55402	(612)473-3355
5.	3430 Oakton Drive, Minnetonka, MN 55305	(612)932-0023
6.	5518 West Highwood Drive, Edina, MN 55436	(612)933-0917
7.	12700 Killdeer Street NW, Coon Rapids, MN 55448	(612)757-7037
8.	555 Laurel Avenue, St. Paul, MN 55102	(612)291-8986
9.	14620 - 13th Place North, Plymouth, MN 55447	(612)475-3854

Social Security No.

1.	093-34-7320	6.	079-32-7228
2.	528-52-1217	7.	484-70-1016
3.	470-42-1075	8.	480-60-1077
4.	039-26-9605	9.	477-78-3603
5.	473-68-6373		