

5/1/98 B-6173 C-1  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003767 (8)**  
 1. Corporation Name  
**EDWARDS BAKING COMPANY**



Principal Place of Business <b>ONE TOWER LANE, SUITE 1700 OAKBROOK TERRACE IL 60180</b>	Mailing Address <b>ONE TOWER LANE, SUITE 1700 OAKBROOK TERRACE IL 60180</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/25/1996</b>	
4. FEI Number <b>58-1972868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>ONE LEMON LANE</b>	22. Mailing Address <b>6875 JIMMY CARTER BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 3200</b>
23. City & State <b>ATLANTA GA</b>	27. City & State <b>NORCROSS GA</b>
Zip <b>30307</b>	Country
25. Country	29. Zip <b>30071</b>
30. Country	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARVIN, THOMAS M</b>		1.2 NAME	
STREET ADDRESS <b>ONE TOWER LANE SUITE 1700 OAKBROOK TERRACE IL 60180</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KELLEY, KEVIN M</b>		2.2 NAME	
STREET ADDRESS <b>712 FIFTH AVENUE 40TH FLOOR NEW YORK NY 10019</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DURYEA, JOHN M</b>		3.2 NAME	
STREET ADDRESS <b>712 FIFTH AVENUE 40TH FLOOR NEW YORK NY 10019</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLLINS, TIMOTHY C</b>		4.2 NAME	
STREET ADDRESS <b>712 FIFTH AVENUE 40TH FLOOR NEW YORK NY 10019</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOM MANNION</b>		5.2 NAME	
STREET ADDRESS <b>6875 Jimmy Carter Blvd Suite 3200 Norcross GA 30071</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Thomas M Mannion* 4/24/98 404377051

CFR2034 (10/97)