

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002233

FILED
May 01, 2006
Secretary of State

Entity Name: SVC MANUFACTURING, INC.

Current Principal Place of Business:

700 ANDERSON HILL ROAD
PURCHASE, NY 10577

New Principal Place of Business:

555 W. MONROE STREET
MAIL CODE 9-11
CHICAGO, IL 60661

Current Mailing Address:

700 ANDERSON HILL ROAD
PURCHASE, NY 10577

New Mailing Address:

700 ANDERSON HILL ROAD
C./O PEPSICO, INC.
PURCHASE, NY 10577

FEI Number: 36-4286604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: NURSE, BRIAN M
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: VT () Delete
Name: GARBUS, RENEE
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: P () Delete
Name: HEAVISIDE, W. TIMOTHY
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: V () Delete
Name: MCGILL, SARAH
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: V () Delete
Name: YAWMAN, DAVID
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: VP (X) Delete
Name: LIGOURI, JOSEPH
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TAMONEY, THOMAS
Address: 700 ANDERSON HILL RD
City-St-Zip: PURCHASE, NY 10577

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN M NURSE

VS

05/01/2006

Electronic Signature of Signing Officer or Director

Date