

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M99000002089  
**1. Entity Name**  
 ICE CREAM PARTNERS USA, LLC

<b>(Principal Place of Business)</b> 12647 ALCOSTA BLVD SUITE 300 SAM RAMON, CA 94583	<b>(Mailing Address)</b> NESTLE HOLDINGS INC 383 MAIN AVENUE NORWALK, CT 06851
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<b>2. Principal Place of Business</b> 12647 ALCOSTA BLVD Suite, Apt. #, etc. SUITE 300	<b>3. Mailing Address</b> 383 MAIN AVENUE Suite, Apt. #, etc.
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<b>City &amp; State</b> SAM RAMON, CA	<b>City &amp; State</b> NORWALK, CT	<b>4. FEI Number</b> 34-1905818	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 94583	<b>Country</b>	<b>Zip</b> 06851	<b>Country</b>

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 CT. CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL. 33324

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b>
<b>State</b> FL
<b>Zip Code</b>

8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

11000329311-0  
 -06/12/00--01113--012  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete PETER ARGENTINE <i>mbr</i> 800 NORTH BRAND BLVD <i>mbr</i> GLENDALE CA 91203 <i>mbr</i>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete PAUL WALSH <i>mbr</i> 200 SOUTH SIXTH STREET <i>mbr</i> MINNEAPOLIS, MN 55402 <i>mbr</i>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete JAMES DINTAMAN <i>mbr</i> 800 NORTH BRAND BLVD <i>mbr</i> GLENDALE CA, 91203 <i>mbr</i>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete ANDREW BRADLEY <i>mbr</i> CASE POSTALE 353 <i>mbr</i> 1800 VEVEY SWIZERLAND <i>mbr</i>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete RUPERT GASSER <i>mbr</i> CASE POSTALE 353 <i>mbr</i> 1800 VEVEY SWIZERLAND <i>mbr</i>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MANAGER <i>Director/mbr</i> <input type="checkbox"/> Delete RORY DELANEY <i>mbr</i> 200 SOUTH SIXTH STREET <i>mbr</i> MINNEAPOLIS, MN 55402 <i>mbr</i>

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP OF OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOB BRIGGS 200 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD <del>DASCAL</del> PASCAL 12647 ALCOSTA BLVD SAN RAMON, CA 94583
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP HUMAN RESOURCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHELLE <del>DURMECK</del> 12647 ALCOSTA BLVD SAN RAMON, CA 94583
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP SALES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL CRONE 12467 ALCOSTA BLVD SAN RAMON, CA 94583
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. DOUGLAS WYATT 30003 BAINBRIDGE OLON, OH 44139
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK SIEGAL 383 MAIN AVENUE NORWALK, CT 06851

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Mark Siegal* MARK SIEGAL **3/21/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)