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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90024 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P05030

1. Corporation Name
 PRESIDENT BAKING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 41 PERIMETER CENTER EAST SUITE 400 ATLANTA GA 30346 US
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3. Date Incorporated or Qualified: 02/15/1985
 4. FEI Number: 58-1618491
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 677 Larch Ave
 Suite, Apt. #, etc.: 27
 City & State: 28 Elmhurst, IL
 Zip: 29 60126 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent
 UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	LIN, C S	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	WOOLF, STEVEN B.	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KAO, C Y	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CHENG, K.H.	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WU, PING	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CEO	<input checked="" type="checkbox"/>
NAME	WEN, HONG-HSU	
STREET ADDRESS	41 PERIMETER CENTER EAST STE 400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Director / CEO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Sam K. Reed		
1.3 STREET ADDRESS	677 Larch Ave, Elmhurst IL		
1.4 CITY-ST-ZIP	ELMHURST IL		
2.1 TITLE	Director / V.P. CFO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	E. Nichol McCully		
2.3 STREET ADDRESS	SAME AS ABOVE		
2.4 CITY-ST-ZIP	SAME AS ABOVE		
3.1 TITLE	V.P. & Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	THOMAS E. O'NEILL		
3.3 STREET ADDRESS	SAME AS ABOVE		
3.4 CITY-ST-ZIP	SAME AS ABOVE		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	LOUI P. MORIN		
4.3 STREET ADDRESS	SAME AS ABOVE		
4.4 CITY-ST-ZIP	SAME AS ABOVE		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 119.073(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, with all other like empowered.

SIGNATURE: *Thomas E. O'Neill* Thomas E. O'Neill 4/19/99 8332900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)