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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P10648

(4)

1. Corporation Name

BURNS PHILP FOOD INC.

Principal Place of Business

C/O BURNS PHILP TAX DEPT.
222 SUTTER ST 9TH FLR
SAN FRANCISCO CA 94108-4445
US

Mailing Address

C/O BURNS PHILP TAX DEPT.
222 SUTTER ST 9TH FLR
SAN FRANCISCO CA 94108-4445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1986

4. FEI Number

22-2723920

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 240 LARKIN WILLIAMS IND. CT.
Suite, Apt. #, etc.

22

City & State

23 FENTON, MO

Zip

24 63026-2413

Country

25 USA

2a. Mailing Address

26 240 LARKIN WILLIAMS IND. CT.
Suite, Apt. #, etc.

27

City & State

28 FENTON, MO

Zip

29 63026-2413

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME PD
SKINNER, NED
STREET ADDRESS 2301 SE TONE'S DRIVE
CITY-ST-ZIP ANKENY IA

1.2 NAME

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE

NAME VD
SCHOONYOUNG, FRANK
STREET ADDRESS 240 LARKIN WILLIAMS INDUSTRIAL CT
CITY-ST-ZIP FENTON MO

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

NAME VD
ALVAREZ, RICARDO
STREET ADDRESS P.O. BOX AA "A/A"
CITY-ST-ZIP DES MOINES IA

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

NAME VD
FERRIF, ADAM
STREET ADDRESS 222 SUTTER STREET, 9TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA

4.2 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME TREASURER/CFO, DIRECTOR
STREET ADDRESS WITTENAUER, STEVE
CITY-ST-ZIP 240 LARKIN WILLIAMS IND. CT.
FENTON, MO 63026

2.1 TITLE

NAME SECRETARY
STREET ADDRESS GEORGE PETTY
CITY-ST-ZIP 222 SUTTER STREET, 5TH FLOOR
SAN FRANCISCO, CA 94108

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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:

Steve Wittenauer

TREASURER

4/27/98 (314) 349-8800

CR2E034 (10/97)