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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90214 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P10648**

1. Corporation Name
BURNS PHILP FOOD INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
40 LARKIN WILLIAMS IND CT **240 LARKIN WILLIAMS IND CT**
222 SUTTER ST 9TH FLR **222 SUTTER ST 9TH FLR**
FENTON MO 63026-2413 **FENTON MO 63026-2413**
US

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
10 BURNS PHILP TAX DEPT. **90 BURNS PHILP FOOD INC.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
240 LARKIN WILLIAMS IND CT **240 LARKIN WILLIAMS IND CT.**
 City & State City & State
FENTON, MO **FENTON, MO**
 Zip Country Zip Country
63026-2413 **USA** **63026-2413** **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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TCO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTENAUER, STEVE	1.2 NAME	
STREET ADDRESS	240 LARKIN WILLIAMS IND CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FENTON MO 63026	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, GEORGE	2.2 NAME	
STREET ADDRESS	272 SUTTER ST 5TH FL	2.3 STREET ADDRESS	921 98th AVE.
CITY-ST-ZIP	SAN FRANCISCO CA 94108	2.4 CITY-ST-ZIP	OAKLAND, CA 94603
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIF, ADAM	3.2 NAME	FRANK SCHOONYOUNG
STREET ADDRESS	222 SUTTER STREET, 9TH FLOOR	3.3 STREET ADDRESS	240 LARKIN WILLIAMS IND. CT.
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	FENTON, MO 63026-2413
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVE BILLINGS
STREET ADDRESS		4.3 STREET ADDRESS	14722 ANSON AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANTA FE SPRINGS, CA 90670
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: *Steve Wittenauer* **TREASURER** 4/6/99 (314)349-8800

CR2E034 (1/198)