

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
95 JUN 21 AM 10:50

DOCUMENT # P32068 (9)
1. Corporation Name
KRAFT FOODSERVICE, INC.

Principal Place of Business: ONE PARKWAY NORTH, NORTHFIELD IL 60090 US
Mailing Address: THREE LAKES DR, TAX DEPT. NF15, NORTHFIELD IL 60090 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 ONE PARKWAY NORTH	26 ONE PARKWAY NORTH	36-3732339	05/01/1994
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired	Applied For
23 City & State: DEERFIELD IL	28 City & State: DEERFIELD IL	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Zip: 60015	29 Zip: 60015	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code: FL

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: _____ DATE: _____
Signature (typed or printed name of registered agent and the filer) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP MILLER, JAMES A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES A.	1.2 NAME	
STREET ADDRESS	ONE PARKWAY NORTH	1.3 STREET ADDRESS	SEE ATTACHED LIST
CITY, ST, ZIP	DEERFIELD IL	1.4 CITY, ST, ZIP	
TITLE	XSD BREAK, KAREN L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAK, KAREN L.	2.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	NORTHFIELD IL	2.4 CITY, ST, ZIP	
TITLE	XAS HERMANN, RAYMOND	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, RAYMOND	3.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	NORTHFIELD IL	3.4 CITY, ST, ZIP	
TITLE	XAS HENRY, HOWARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, HOWARD	4.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	NORTHFIELD IL	4.4 CITY, ST, ZIP	
TITLE	XEB MONROE, JOHN R.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, JOHN R.	5.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	NORTHFIELD IL	5.4 CITY, ST, ZIP	
TITLE	X BOBICKER, BARRY D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBICKER, BARRY D.	6.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	NORTHFIELD IL	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph P Tomczak 6/12/95 708-465-8096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)
JOSEPH P TOMCZAK

PB 2066

Kraft Foodservice, Inc.

OFFICERS

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>OFFICE ADDRESS</u>
James A. Miller President	1150 Lake Road Lake Forest, IL 60045	One Parkway North Deerfield, IL 60015
Daryl D. Boddicker Executive Vice President	26209 N. St. Mary's Road Libertyville, IL 60048	One Parkway North Deerfield, IL 60015
William Boddie, III Executive Vice President	112 Pennecourt Glenview, IL 60025	One Parkway North Deerfield, IL 60015
Jack A. Peterson Executive Vice President, Chief Financial Officer, and Assistant Secretary	1124 Aintree Place Schaumburg, IL 60194	One Parkway North Deerfield, IL 60015
Donald Civgin Vice President & Treasurer	Care of:	One Parkway North Deerfield, IL 60015
Joseph Tomczak Vice President, Controller, and Secretary	Care of:	One Parkway North Deerfield, IL 60015

Kraft Foodservice, Inc.

PB2068

DIRECTORS

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>OFFICE ADDRESS</u>
Andrall Pearson Chairman	Care of:	One Parkway North Deerfield, IL 60015
Richard Braddock Vice Chairman	Care of:	One Parkway North Deerfield, IL 60015
Donald J. Gogel	Care of:	One Parkway North Deerfield, IL 60015
James A. Miller	Care of:	One Parkway North Deerfield, IL 60015
Carl Speilvogel	Care of:	One Parkway North Deerfield, IL 60015
Sidney Cole	Care of:	One Parkway North Deerfield, IL 60015
Mark Hoffman	Care of:	One Parkway North Deerfield, IL 60015