

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P34920** (9)

1. Corporation Name

**RICHARDSON FOODS CORPORATION**

Principal Place of Business

Mailing Address

C/O THE QUAKER OATS COMPANY  
321 NORTH CLARK STREET, 25-3  
CHICAGO IL 60604

C/O THE QUAKER OATS COMPANY  
321 N. CLARK STREET, 25-3  
CHICAGO IL 60604  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **04/08/1994**

4. FEI Number **16-0607690** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MACLEOD, BRUCE G
STREET ADDRESS	10 STATE STREET
CITY - ST - ZIP	FAIRPORT NY
TITLE	V
NAME	WESTBROOK, TERRY G
STREET ADDRESS	321 N CLARK ST
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	VANBENTHUYSEN, WALTER
STREET ADDRESS	321 N. CLARK STREET
CITY - ST - ZIP	CHICAGO IL
TITLE	VPTD
NAME	COOPER, JANET K.
STREET ADDRESS	321 N. CLARK STREET
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	LAZ, MARCIA
STREET ADDRESS	321 N. CLARK STREET
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	CASSIOPPI, GERALD A
STREET ADDRESS	321 N. CLARK STREET
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/21/95 (312) 827-8071  
DATE AND TELEPHONE NUMBER

134920

**RICHARDSON FOODS CORPORATION  
OFFICERS AND DIRECTORS**

**Directors**

<b>Janet K. Cooper</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 342-48-6985</b>
<b>Bruce G. Macleod</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 073-78-4735</b>
<b>Walter VanBenthuyzen</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 279-32-1968</b>

**Officers**

<b>Bruce G. Macleod, President</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 073-78-4735</b>
<b>Robert S. Thomason, Vice President - Finance</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 378-60-8478</b>
<b>Janet K. Cooper, Vice President and Treasurer</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 342-48-6985</b>
<b>Gerald A. Cassloppi, Secretary</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 343-56-7064</b>
<b>Marcia S. Laz, Assistant Secretary</b> 321 N. Clark Street, Chicago, Illinois 60610	<b>SS# 334-34-8412</b>