

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F96000002904**

1. Entity Name **Small Planet Foods, Inc. (formerly CASCADIAN FARM, INCORPORATED)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90014 050 \*\*\*150.00

Principal Place of Business

**719 METCALF ST.  
SEDRO-WOOLLEY WA 98284**

Mailing Address

**719 METCALF ST.  
SEDRO-WOOLLEY WA 98284-1420**

2. Principal Place of Business

3. Mailing Address **General Mills  
% Tax Dept.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 1113**

City & State

City & State  
**Minneapolis, MN**

4. FEI Number

**91-1404046**

Applied For

Not Applicable

Zip

Country

Zip

**55440**

Country

**Hennepin**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**

**1201 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**8751 West Broward Blvd.**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete  
NAME **KAHN, EUGENE B**  
STREET ADDRESS **719 METCALF ST.**  
CITY-ST-ZIP **SEDRO-WOOLLEY WA 98284**

TITLE **Asst. Secretary** ☐ Change ☐ Addition  
NAME **Gayle L. Crose**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **D** ☐ Delete  
NAME **ROYER, STEPHEN**  
STREET ADDRESS **4444 LAKESIDE DR**  
CITY-ST-ZIP **BURBANK CA 91505**

TITLE **Asst. Secretary** ☐ Change ☐ Addition  
NAME **Beverly Rosenberg**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **Chairman** ☐ Delete  
NAME **Christina L. Shea**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **Asst. Secretary** ☐ Change ☐ Addition  
NAME **Elizabeth Wittenberg**  
STREET ADDRESS **Number One General Mills Blvd**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **Vice President** ☐ Delete  
NAME **Ernest W. Harper, Jr.**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **Asst. Treasurer** ☐ Change ☐ Addition  
NAME **Gerald J. Morris**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE **Treasurer** ☐ Delete  
NAME **David B. VanBenschoten**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete  
NAME **Ivy S. Bernhardtson**  
STREET ADDRESS **Number One General Mills Blvd.**  
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

CR2E034 (9/99)