

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90351 001 ***300.00

DOCUMENT # 857432

1. Entity Name

GENERAL FOODS CREDIT CORPORATION



Principal Place of Business

225 HIGH RIDGE RD
SUITE 300W
STAMFORD CT 06905
US

Mailing Address

225 HIGH RIDGE RD
SUITE 300W
STAMFORD CT 06905
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLIGAN, JOHN J	
STREET ADDRESS	862 TOWNE HOUSE ROAD	
CITY - ST - ZIP	FAIRFIELD CT 06430	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SPERA, JOHN M	
STREET ADDRESS	12 MIMOSA PLACE	
CITY - ST - ZIP	RIDGEFIELD CT 06877	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCCREA, JAMES C	
STREET ADDRESS	272 NEWTOWN TURNPIKE	
CITY - ST - ZIP	WILTON CT 06897	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RIGHTS, NANCY S	
STREET ADDRESS	20 WINDSWEEP CIR	
CITY - ST - ZIP	BREWSTER NY 10509	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LYDE, DONNA N	
STREET ADDRESS	225 HIGH RIDGE ROAD, STE 300 WEST	
CITY - ST - ZIP	STAMFORD CT 06905	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SULLIVAN, ANNE M	
STREET ADDRESS	225 HIGH RIDGE ROAD, STE 300 WEST	
CITY - ST - ZIP	STAMFORD CT 06905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. SPERA, VICE PRESIDENT & TREASURER

Date

Daytime Phone #

3/15/04

66409731



MOORE

CR2E034 (11/03)

4. FEI Number **13-6192890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**