

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 857038

1. Entity Name
SEE'S CANDIES, INC.



Principal Place of Business
**210 EL CAMINO REAL
SOUTH SAN FRANCISCO, CA 94080**

Mailing Address
**210 EL CAMINO REAL
SOUTH SAN FRANCISCO, CA 94080 US**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
94-0852350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD**
NAME **BUFFETT, WARREN E.**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

TITLE **PD**
NAME **HUGGINS, CHARLES N**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

TITLE **S**
NAME **TREMONT, JAMES F**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

TITLE **AST**
NAME **HAMBURG, MARC D.**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

TITLE **D**
NAME **MUNGER, CHARLES T.**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

TITLE **TCFO**
NAME **SCOTT, KENNETH C**
STREET ADDRESS **210 EL CAMINO REAL**
CITY-ST-ZIP **SOUTH SAN FRANCISCO, CA 94080**

**DO NOT WRITE
IN THIS SPACE**

U00000220755
02/09/05-80002-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Kenneth C. Scott

Treasurer & CFO

1/28/05

Date

(650)583-7307

Daytime Phone #