

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857038

**Entity Name:** SEE'S CANDIES, INC.**Current Principal Place of Business:**210 EL CAMINO REAL  
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**210 EL CAMINO REAL  
SOUTH SAN FRANCISCO, CA 94080**FEI Number:** 94-0852350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name BUFFETT, WARREN E  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title PRESIDENT, CEO, DIRECTOR  
Name EGAN, PATRICK  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title TREASURER, CFO  
Name FABRE, NOLENE  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title COO  
Name DODGE, JOHN  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title SENIOR VP  
Name ESHOO, IRIS  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR  
Name MUNGER, CHARLES T  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title SECRETARY  
Name PAULSON, CHAD  
Address 210 EL CAMINO REAL  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NOLENE FABRE****CFO/TREASURER****05/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date