

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005450

**Entity Name:** THE HERSHEY SALTY SNACKS SALES COMPANY

**Current Principal Place of Business:**

19 EAST CHOCOLATE AVENUE  
HERSHEY, PA 17033

**Current Mailing Address:**

19 EAST CHOCOLATE AVENUE  
HERSHEY, PA 17033 US

**FEI Number: 47-1254894**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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: TRAVIS BOWE**

**04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASSISTANT TREASURER  
Name TOMSHECK, RYAN  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT SECRETARY  
Name WILSON, ANGELA  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title TREASURER  
Name HUPFELD, BJORK  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT TREASURER  
Name REEVES, MICHAEL D.  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT SECRETARY  
Name STAHL, JOCELYN M.  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title SECRETARY  
Name LACEY, LAUREN  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT SECRETARY  
Name SMITH, SHAYON T.  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title DIRECTOR  
Name VILLASENOR, VERONICA F.  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

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*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: BJORK HUPFELD**

**TREASURER**

**04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CAPONI, GINO  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title PRESIDENT  
Name VILLASENOR, VERONICA F.  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title DIRECTOR  
Name LACEY, LAUREN  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033

Title VP  
Name CAPONI, GINO  
Address 19 EAST CHOCOLATE AVENUE  
City-State-Zip: HERSHEY PA 17033