FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 160648 (2)

1. Corporation Name
MCARTHUR DAIRY, INC.

Principal Place of Business	Mailing Address
500 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325	500 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1950
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0608937 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature of printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	STAPP, MICHAEL	1.2 NAME	McCormack, John	
STREET ADDRESS	500 SAWGRASS CORP. PKWY.	1.3 STREET ADDRESS	500 Sawgrass Corp. Pkwy.	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise FL 33325	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, THOMAS L	2.2 NAME		
STREET ADDRESS	3600 N RIVER ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN PARK FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	MAHAN, DARRYL	3.2 NAME	Bondy, Timothy J.	
STREET ADDRESS	315 N BUMBY AVE	3.3 STREET ADDRESS	3600 N. River Rd.	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	Franklin Park, Il 60131	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HILLS, RICHARD L.	4.2 NAME		
STREET ADDRESS	500 SAWGRASS CORP. PKWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, HOWARD	5.2 NAME		
STREET ADDRESS	3600 N. RIVER ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN PARK IL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	S	☒ Change ☐ Addition
NAME	BOWEN, WILLIAM	6.2 NAME	Blanchard, Eric A.	
STREET ADDRESS	500 SAWGRASS CORP PKWY	6.3 STREET ADDRESS	3600 N. River Rd.	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	Franklin Park, Il 60131	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Richard L. Hills Richard L. Hills 3-1-95 (305)846-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234060 CP