

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 160648 (2)
1. Corporation Name
MCARTHUR DAIRY, INC.

Principal Place of Business 500 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325	Mailing Address 500 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/27/1950	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code	
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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

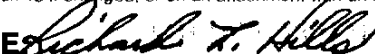
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	MCCORMACK, JOHN	1.2 NAME	Giovanetti, William
STREET ADDRESS	500 SAWGRASS CORP. PKWY	1.3 STREET ADDRESS	500 Sawgrass Corporate Parkway
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	P	2.1 TITLE	P
NAME	MARINEAU, PHILLIP A.	2.2 NAME	Bailey, Richard E.
STREET ADDRESS	3600 N RIVER ROAD	2.3 STREET ADDRESS	3600 North River Road
CITY-ST-ZIP	FRANKLIN PARK FL	2.4 CITY-ST-ZIP	Franklin Park, IL 60131
TITLE	V	3.1 TITLE	
NAME	MCMANAMAN, WILLIAM R.	3.2 NAME	
STREET ADDRESS	3600 N. RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
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	
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	S	6.1 TITLE	
NAME	BLANCHARD, ERIC A.	6.2 NAME	
STREET ADDRESS	3600 N. RIVER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE  Richard L. Hills

3/23/98 (954) 846-1234

Date Daytime Phone # 0296927

CR2E034 (10/97)