

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 273498

1. Entity Name

SUNDOR BRANDS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90145 021 ***150.00

Principal Place of Business

Mailing Address

**ONE PROCTER & GAMBLE PLAZA
 ATTN: TAX DIVISION
 CINCINNATI OH 45202-2501
 US**

**P O BOX 599
 ATTN: TAX DIVISION
 CINCINNATI OH 45201-0599
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1027282**

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WALKER, D. R.		NAME:	
STREET ADDRESS: 1 PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH 45202		CITY-ST-ZIP:	
NAME: LAFLEY, A.G.		NAME:	
STREET ADDRESS: 1 PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH		CITY-ST-ZIP:	
NAME: DALEY, C.C. JR.		NAME:	
STREET ADDRESS: 1 PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH		CITY-ST-ZIP:	
NAME: OVERBEY, T. L.		NAME:	
STREET ADDRESS: 1 PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH		CITY-ST-ZIP:	
NAME: PRICE, G.W.		NAME:	
STREET ADDRESS: 1-PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH		CITY-ST-ZIP:	
NAME: KEHOE, T. J.		NAME:	
STREET ADDRESS: 1 PROCTER & GAMBLE PLZ		STREET ADDRESS:	
CITY-ST-ZIP: CINCINNATI OH		CITY-ST-ZIP:	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.J. Kehoe T.J. Kehoe, Assistant Secretary 4/27/00 513 983-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)