

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 025 ***150.00

CRS023 AT

DOCUMENT # 273498

1. Entity Name
SUNDOR BRANDS INC.

Principal Place of Business ONE PROCTER & GAMBLE PLAZA ATTN: TAX DIVISION CINCINNATI OH 45202-2501 US	Mailing Address P O BOX 599 ATTN: TAX DIVISION CINCINNATI OH 45201-0599 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1027282	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2002 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, D. R.	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, R K	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALEY, C.C. JR.	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	OVERBEY, T. L.	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	PRICE, G.W.	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KEHOE, T. J	
STREET ADDRESS	1 PROCTER & GAMBLE PLZ	
CITY-ST-ZIP	CINCINNATI OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Griffith, M.J., Jr.	
STREET ADDRESS	1 Procter & Gamble Plz	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernandez, J. P.	
STREET ADDRESS	1 Procter & Gamble Plz	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **J. Kehoe, Assistant Secretary** 4/19/02 513 983-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)