2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPE

SIGNATURE:

FILED **DOCUMENT # 492179** Jan 25, 2000 8:00 am Secretary of State 1. Entity Name MITCHELL CITRUS PRODUCTS, INC. 01-25-2000 90134 032 ***150.00 Principal Place of Business Mailing Address % PACKAGED FOOD & BEVERAGE CO., INC. C/O TAX DEPT., PM MANAGEMENT CORP 7711 CARONDELET, SUITE 308 120 PARK AVENUE NEW YORK NY 10017-5523 ST. LOUIS MI 63105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1644884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE Bakula, J. Stewart NAME NAME 1420 GREENING LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KIRKWOOD MO CITY-ST-ZIP President AS Addition ☐ Change Delete TITLE Richard A. Edwards FLOAM, DENNIS J. NAME NAME 120 Parks Avenue 120 PARK AVENUE STREET ADDRESS STREET ADDRESS New York, NY 10017 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Vice President & Secretary TITLE ☐ Change: Addition Delete TITLE Joseph A Beggans 120 Park Avenue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York NY ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

NTED NAME OF SIGNING OFFICER OR DIRECTO

JAN 17 2000

Daytima Phone #