

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **803425** (8)

1. Corporation Name
NABISCO, INC.

Principal Place of Business
**100 DEFOREST AVENUE
EAST HANOVER NJ 07936
US**

Mailing Address
**200 DEFOREST AVE.
EAST HANOVER NJ 07936**



3. Date Incorporated or Qualified **12/15/1928** 3a. Date of Last Report **04/26/1995**

4. FEI Number **13-1841519** 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

2. Principal Place of Business
21 **7 Campus Drive**
Suite, Apt. #, etc.
22
City & State
23 **Parsippany NJ**
Zip Country
24 **07054** 25
2a. Mailing Address
26 **7 Campus Drive**
Suite, Apt. #, etc.
27
City & State
28 **Parsippany NJ**
Zip Country
29 **07054** 30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

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 **FL**

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 607.0506, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENIAUS, H. JOHN	
STREET ADDRESS	7 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KIRKMAN, JAMES A.	
STREET ADDRESS	7 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DELUCCA, JOHN J	
STREET ADDRESS	1301 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLEINBERG, LAWRENCE	
STREET ADDRESS	7 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	YANOVER, FRANK	
STREET ADDRESS	200 DEFOREST AVE	
CITY-ST-ZIP	EAST HANOVER NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEARSON, J. T.	
STREET ADDRESS	1301 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Francis Suozzi
3.4 CITY-ST-ZIP	7 Campus Drive
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ian Lee-Leviten
5.3 STREET ADDRESS	7 Campus Drive
5.4 CITY-ST-ZIP	Parsippany NJ 07054
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

Ian Lee-Leviten 4-24-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)