

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13 1998 8:00am  
Secretary of State

DOCUMENT # 803425 (8)  
1. Corporation Name  
NABISCO, INC.



Principal Place of Business  
7 CAMPUS DRIVE  
PARSIPPANY NJ 07054  
US

Mailing Address  
7 CAMPUS DRIVE  
PARSIPPANY NJ 07054  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1928	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1841519	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GREENIAUS, H. JOHN	1.2 NAME	Kilts, James
STREET ADDRESS	7 CAMPUS DRIVE	1.3 STREET ADDRESS	7 Campus Drive
CITY-ST-ZIP	PARSIPPANY NJ	1.4 CITY-ST-ZIP	Parsippany NJ 07054
TITLE	VS	2.1 TITLE	
NAME	KIRKMAN, JAMES A.	2.2 NAME	
STREET ADDRESS	7 CAMPUS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	SUOZZI, FRANCIS	3.2 NAME	
STREET ADDRESS	7 CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	EVP
NAME	POSTL, JAMES	4.2 NAME	Klein, Peter
STREET ADDRESS	100 DEFOREST AVE	4.3 STREET ADDRESS	7 Campus Drive
CITY-ST-ZIP	EAST HANOVER NJ	4.4 CITY-ST-ZIP	Parsippany NJ 07054
TITLE	V	5.1 TITLE	V
NAME	LEE-LEVITEN, IAN	5.2 NAME	Lewbel, Gary
STREET ADDRESS	7 CAMPUS DRIVE	5.3 STREET ADDRESS	7 Campus Drive
CITY-ST-ZIP	PARSIPPANY NJ	5.4 CITY-ST-ZIP	Parsippany NJ 07054
TITLE	EVP	6.1 TITLE	EVP
NAME	CONANY, DOUGLAS	6.2 NAME	Conant, Douglas
STREET ADDRESS	7 SYLVAN WAY	6.3 STREET ADDRESS	7 Sylvan Way
CITY-ST-ZIP	PARSIPPANY NJ	6.4 CITY-ST-ZIP	Parsippany NJ 07054

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.

Gary Lewbel

CR2E034 (10/97)