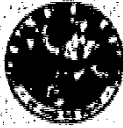


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 804460

(4)

1. Corporation Name

THE PILLSBURY COMPANY

Principal Place of Business

**200 SOUTH SIXTH STREET
MINNEAPOLIS MN 55402-1407**

Mailing Address

**200 SOUTH SIXTH STREET
MINNEAPOLIS MN 55402-1407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1935

3a. Date of Last Report

04/18/1994

4. FEI Number

41-0481770

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

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPC**
NAME **THOMPSON, PETER M.**
STREET ADDRESS **200 S 6TH ST**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **CD**
NAME **BULL, GEORGE J.**
STREET ADDRESS **200 S. 6TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VS**
NAME **JENKO, JEROME J.**
STREET ADDRESS **200 S. 6TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **DVCP**
NAME **WALSH, PAUL S.**
STREET ADDRESS **200 S. 6TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VP**
NAME **BEHNKE, JAMES R.**
STREET ADDRESS **200 S. 6TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE ☒ **AS**
NAME **JOHNSON, LESLIE R**
STREET ADDRESS **200 SOUTH 16TH ST**
CITY-ST-ZIP **MINNEAPOLIS MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPT** ☒ Change ☐ Addition
1.2 NAME **V. Ann Hailey**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DP** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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; that the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Leslie R. Johnson, Asst. Secretary** **4/20/95 612.330.5096**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Typed Name)