

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **804602** (1)  
1. Corporation Name  
**STOKELY-VAN CAMP, INC.**

Principal Place of Business <b>321 N. CLARK STREET P. O. BOX 9001 SUITE 25-3 CHICAGO IL 60604-9001</b>	Mailing Address <b>321 N. CLARK STREET P. O. BOX 9001 SUITE 25-3 CHICAGO IL 60604-9001</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/29/1936</b>	
4. FEI Number <b>35-0690290</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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 <b>FL</b>	
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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

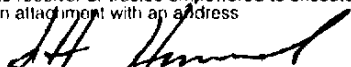
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V O'NEILL, THOMAS E 321 N CLARK ST CHICAGO IL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>See Attached.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC DOYLE, JAMES F 321 N. CLARK STREET CHICAGO IL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>See Attached</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS HOWELL, THOMAS R. 321 N. CLARK STREET CHICAGO IL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>See Attached</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GETTINGS, THOMAS L 321 N. CLARK STREET CHICAGO IL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT COOPER, JANET K 321 N. CLARK STREET CHICAGO IL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LAZ, MARCIA S. 321 N. CLARK STREET CHICAGO IL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:



4/20/98

CR2E034 (10/97)

**STOKELY-VAN CAMP, INC.  
OFFICERS AND DIRECTORS**

**OFFICERS:**

<b>Susan D. Wellington</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Chairman, President and Chief Executive Officer</b>
<b>Janet K. Cooper</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President and Treasurer</b>
<b>Thomas L. Gettings</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President and Controller</b>
<b>Gerald A. Cassioppi</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Assistant Secretary</b>
<b>Marcia S. Laz</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Assistant Secretary</b>
<b>Joseph W. Bean</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Assistant Secretary</b>
<b>Jeffrey B. Hummel</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President</b>
<b>John H. Calhoun</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President</b>
<b>Michael D. Annes</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President</b>
<b>Richard E. Smith</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Vice President</b>
<b>Douglas A. James</b> <b>321 N. Clark Street</b> <b>Chicago, Illinois 60610</b>	<b>Assistant Treasurer</b>

**John G. Jartz**  
**321 N. Clark Street**  
**Chicago, Illinois 60610**

**Vice President and Secretary**

**DIRECTORS:**

**Janet K. Cooper**  
**321 N. Clark Street**  
**Chicago, Illinois 60610**

**John G. Jartz**  
**321 N. Clark Street**  
**Chicago, Illinois 60610**

**Susan D. Wellington**  
**321 N. Clark Street**  
**Chicago, Illinois 60610**