

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90381 046 ***150.00

DOCUMENT # 804758

1. Entity Name
HERSHEY FOODS CORPORATION



Principal Place of Business
**100 CRYSTAL A DRIVE
HERSHEY PA 17033
US**

Mailing Address
**100 CRYSTAL A DRIVE
HERSHEY PA 17033
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-0691590**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
1010
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAGC
SNYDER, BURTON S
4317 VALLEY VIEW ROAD
HARRISBURG PA 17112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/P
Lenny, Richard H.
685 Woodthrush Way
Hummelstown, PA 17036** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, ROBERT H
PMB 608, 826 ORANGE AVENUE
CORONADO CA 92118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Arline, Marcella K.
254 Dogwood Dr.
Hershey, PA 17033** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVARTS, C. MCCOLLISTER MD
195 SHADY LANE
HUMMELSTOWN PA 17036** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Azzara, C. Daniel
35 Valley Drive
Annville, PA 17003** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Cerminara, Frank
1157 Quail Hollow Road
Hummelstown, PA 17036** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T
Garrabrant, R. Montgomery
39 Bonnywick Drive
Harrisburg, PA 17111** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Gloeckler, Michelle J.
105 Brinser Court
Hummelstown, PA 17036** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ass't Sec. & Ass't Treasurer

APR 09 2003 717-534-7510

Date

Daytime Phone #

CR2E034 (10/02)