2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807102

Entity Name: SARA LEE CORPORATION

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
THREE FIRST NAT'L PLAZA CHICAGO, IL 60602				THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602			
Current Mailing Address:				New Mailing Address:			
THREE FIRST NAT'L PLAZA CHICAGO, IL 60602				THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602			
FEI Number:	: 36-2089049	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate	of Status Desired ()
Name and	Address of C	Surrent Registered Agent:		Name and	Address of	New Regis	stered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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.							
SIGNATUR							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BARNES, BREI	NATIONAL PLAZA		Title: Name: Address: City-St-Zip:	() Change()) Addition
Title: Name: Address: City-St-Zip:	PALMORE, RO	Delete DERICK VATIONAL PLAZA		Title: Name: Address: City-St-Zip:	VPS (X FORAN, MARG THREE FIRST CHICAGO, IL	,	GGY)
Title: Name: Address: City-St-Zip:	VPT () TEFFNER, CAR THREE FIRST I CHICAGO, IL 6	RRIE NATIONAL PLZ		Title: Name: Address: City-St-Zip:	GUPTA, SHAL THREE FIRST	NATIONAL F	,
Title: Name: Address: City-St-Zip:	CFO () DE KOOL, L M THREE FIRST I CHICAGO, IL 6	(THEO) NAT"L PLZ		Title: Name: Address: City-St-Zip:	CFO (X DE KOOL, L N THREE FIRST CHICAGO, IL	(THEO) NATIONAL I	
Title: Name: Address: City-St-Zip:	VP () GERDES, MAR THREE FIRST I CHICAGO, IL			Title: Name: Address: City-St-Zip:	VP (X TEFFNER, CA THREE FIRST CHICAGO, IL	NATIONAL F	,
Title: Name: Address: City-St-Zip:	NICHOLS, MAR	NATIONAL PLAZA		Title: Name: Address: City-St-Zip:	AS (X KUEHNLEIN, I THREE FIRST CHICAGO II	NATIONAL F	,

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL KUEHNLEIN AS 03/09/2009