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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **808641** (5)

1. Corporation Name
KEEBLER COMPANY

Principal Place of Business

**TAX DEPARTMENT
677 LARCH AVENUE
ELMHURST ILL 60126**

Mailing Address

**TAX DEPARTMENT
677 LARCH AVENUE
ELMHURST ILL 60126-1521**



3. Date Incorporated or Qualified **08/09/1951** 3a. Date of Last Report **02/05/1996**

4. FEI Number **36-1894790** 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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 type in printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS** ☒ DELETE
NAME **STEVENS, C. S.**
STREET ADDRESS **1374 GREEN TRAILS DRIVE**
CITY-ST-ZIP **NAPERVILLE FL**

TITLE **V** ☒ DELETE
NAME **BAGLIEN, JEROME H.**
STREET ADDRESS **1 ELM CREEK DR.**
CITY-ST-ZIP **ELMHURST IL**

TITLE **P** ☒ DELETE
NAME **CHADBOURNE, BRIAN**
STREET ADDRESS **11 ROCKGATE LANE**
CITY-ST-ZIP **GLENCO IL**

TITLE **V** ☒ DELETE
NAME **SPLITHOFF, DARRELL R.**
STREET ADDRESS **933 RALEIGH RD.**
CITY-ST-ZIP **GLENVIEW IL**

TITLE **VTS** ☒ DELETE
NAME **MASSI, FRANK A.**
STREET ADDRESS **1251 ASHLEY LANE**
CITY-ST-ZIP **ADDISON IL**

TITLE **V** ☒ DELETE
NAME **BASON, JOHN G.**
STREET ADDRESS **344 E. SEVENTH ST.**
CITY-ST-ZIP **HINSDALE IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P** ☐ Change ☒ Addition
12 NAME **Sam K. Reed**
13 STREET ADDRESS **622 W. Maple**
14 CITY-ST-ZIP **Hinsdale, IL. 60521**

21 TITLE **VP/T** ☐ Change ☒ Addition
22 NAME **E. Nichol McCully**
23 STREET ADDRESS **312 Briargate Terrace**
24 CITY-ST-ZIP **Hinsdale, IL. 60521**

31 TITLE **VP/S** ☐ Change ☒ Addition
32 NAME **Thomas O'Neill**
33 STREET ADDRESS **609 Brier Street**
34 CITY-ST-ZIP **Kenilworth, IL. 60043**

41 TITLE **VP** ☐ Change ☒ Addition
42 NAME **Jack M. Lotker**
43 STREET ADDRESS **1 Lakeside Lane**
44 CITY-ST-ZIP **Barrington, IL. 60010**

51 TITLE **VP** ☐ Change ☒ Addition
52 NAME **James T. Spear**
53 STREET ADDRESS **844 Williamsburg Dr.**
54 CITY-ST-ZIP **Naperville, IL. 60540**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 included 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: *Thomas E. O'Neill* **Thomas E. O'Neill** 1-7-97 (630) 833-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)