

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 808641 (5)
1. Corporation Name
KEEBLER COMPANY



Principal Place of Business
TAX DEPARTMENT
877 LARCH AVENUE
ELMHURST ILL 60126

Mailing Address
TAX DEPARTMENT
677 LARCH AVENUE
ELMHURST ILL 60126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 677 Larch Avenue
Suite, Apt. #, etc.
22
City & State
23 Elmhurst, IL
Zip
24 60126
Country
25 DuPage

2a. Mailing Address
26 677 Larch Avenue
Suite, Apt. #, etc.
27
City & State
28 Elmhurst, IL
Zip
29 60126
Country
30 DuPage

3. Date Incorporated or Qualified
08/09/1951

4. FEI Number
36-1894790

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	REED, SAM K	622 W MAPLE	HINSDALE IL	<input type="checkbox"/>
VPT	MCCULLY, E NICHOL	312 BRIARGATE TERR	HINSDALE FL	<input type="checkbox"/>
VPS	O'NEILL, THOMAS	609 BRIER ST	RENILWORTH FI	<input type="checkbox"/>
VP	LOTKER, JACK M	1 LAKESIDE LN	BARRINGTON IL	<input type="checkbox"/>
VP	SPEAR, JAMES T	844 WILLIAMSBURG DR	NAPERVILLE IL	<input type="checkbox"/>
V	BASON, JOHN G.	344 E. SEVENTH ST.	HINSDALE IL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed or on an attachment with an address.

SIGNATURE: _____ 5/6/98 (630) 833-2900

CR2E034 (10/97)