

**ANNUAL REPORT  
1995**

Division of Corporations  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 811097 (5)**

1. Corporation Name  
**H.P. HOOD, INC.**

**FILED  
95 APR 21 PM 3:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**500 RUTHERFORD AVE  
BOSTON MA 02129  
US**

Mailing Address

**P. O. BOX 4803  
TAX DEPT  
SYRACUSE NY 13221  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/13/1956**

3a. Date of Last Report

**04/19/1994**

4. FEI Number

**04-1450950**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CD  
TALMAGE, J.H.  
36 SOUND AVE.  
RIVERSIDE NY**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
KELLER, ROBERT L.  
31 PHYLLIS ROAD  
FOXBORO MA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
CALL, RICHARD C.  
8127 LEWISTON RD.  
BATAVIA NY**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
FRUEND, EUGENE  
RFD #1  
E. CANAAN CT**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**AT  
FRANKENFIED, MARTIN P.  
8762 BLUE HERON CIRCLE  
BALDWINVILLE NY**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VT  
SCHAEJBE, ROBERT E.  
60 NEWBURG STREET  
SOMERVILLE MA**

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

**President / Director  
Robert L. Keller  
2050 BAUSS ROAD  
East Greenville, PA 18041**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

**3323 misty cove circle  
Baldwinsville NY 13027**

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 liquidator 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. I am attaching with my address.

SIGNATURE: *Martin P. Frankenfield*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Martin P. Frankenfield 4-17-95*

Date

*315-419-7464*

Telephone Number

811097

**H. P. HOOD INC. CORPORATE OFFICERS**  
**EFFECTIVE AS OF NOVEMBER 18, 1993**

**MR. ROBERT L. KELLER**

President and  
Chief Executive Officer  
2050 Bauss Road  
East Greenville, PA 18041

**MR. ROBERT E. SCHAEJBE**

Senior Vice President, Chief  
Financial Officer and Treasurer  
60 Newbury Street  
Somerville, MA 02144

Old New Ipswich Road  
Ringe, NH 03461

**MR. RICHARD G. MAROVIS**

Senior Vice President & General Manager-  
Dairy & Ice Cream Divisions  
526 Shawsheen Avenue  
Wilmington, MA 01887

**MR. GARY T. MUSIAL**

Vice President & General Manager-  
Manufactured Products Group  
4034 Pawnee Drive  
Liverpool, NY 13090

**MR. MARTY P. FRANKENFIELD**

Assistant Treasurer/Tax  
8762 Blue Heron Circle  
Baldwinsville, NY 13027

**MS. PAMELA DOWNING BRAKE**

Corporate Counsel  
Assistant Secretary  
and Assistant Clerk  
46 Stetson Road  
Norwell, MA 02061

**MS. CAROL A. CARR**

Assistant Secretary  
and Assistant Clerk  
30 Chelsea Street #708  
Everett, MA 02149

811097

**H. P. HOOD INC.**  
**BOARD OF DIRECTORS**  
**NOVEMBER 18, 1993**

**MR. STEPHEN B. BURNETT**  
8870 Mulberry Lane  
Manlius, NY 13104  
(315) 637-6255

\* AGWAY INC.  
P.O. Box 4933  
Syracuse, NY 13221  
(315) 449-6024

**MR. RICHARD C. CALL**  
8127 Lewiston Road  
Batavia, NY 14020  
(716) 343-7084

Business Address: Same  
(716) 343-1026

FL (813) 947-6916

**MR. PETER D. HANKS**  
Star Route  
Hanks Road, Rt. #22  
Salem, NY 12865  
(518) 854-9360  
(518) 854-3016 (Barn)

**MR. EUGENE FREUND**  
318 Norfolk Road  
East Canaan, CT 06024  
(203) 824-0087

**MR. ROBERT L. KELLER**  
2050 Bauss Road  
East Greenville, PA 18041  
(508) 543-3660

\* H. P. HOOD INC.  
500 Rutherford Avenue  
Boston, MA 02129  
(617) 242-0600

**MR. PETER J. O'NEILL**  
4884 Firethorn Circle  
Manlius, NY 13104  
(315) 682-2929

\* AGWAY INC.  
P. O. Box 4933  
Syracuse, NY 13221  
(315) 449-6568

**MR. JOHN H. TALMAGE**  
36 Sound Avenue  
Riverhead, NY 11901  
(516) 727-0124