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Apr 09 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 # 813669 (9)
1. Corporation Name
KELLOGG SALES COMPANY

Principal Place of Business
ONE KELLOGG SQUARE
P.O. BOX 3599
BATTLE CREEK MI 49016-3599

Mailing Address
ONE KELLOGG SQUARE
P.O. BOX 3599
BATTLE CREEK MI 49016-3599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22		27	
23		28	
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified 06/03/1959	
4. FEI Number 38-0710865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T KOLLING, J.F. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE KELLOGG SQUARE	1.2 NAME	Perry, W.S.
STREET ADDRESS	BATTLE CREEK MI See Attached Schedule	1.3 STREET ADDRESS	One Kellogg Square
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Battle Creek, MI
TITLE	S GILDEA, E. J. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE KELLOGG SQUARE	2.2 NAME	
STREET ADDRESS	BATTLE CREEK MI	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HINTON, J. R. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE KELLOGG SQUARE	3.2 NAME	
STREET ADDRESS	BATTLE CREEK MI	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V FRENCH, C. E. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE KELLOGG SQ.	4.2 NAME	
STREET ADDRESS	BATTLE CREEK MI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V ERLEBEN, S. J. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE KELLOGG SQUARE	5.2 NAME	
STREET ADDRESS	BATTLE CREEK MI	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V HINTON, J.R. <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE KELLOGG SQUARE	6.2 NAME	McKinley, D.R.
STREET ADDRESS	BATTLE CREEK MI	6.3 STREET ADDRESS	One Kellogg Square
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Battle Creek, MI

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 if changed, or in an attachment with an address

SIGNATURE: _____

Treasurer 4/2/98 616/961-2000

CR2E034 (10/97)

**KELLOGG SALES COMPANY
1998 FLORIDA ANNUAL REPORT
ITEM 12. OFFICERS AND DIRECTORS**

Title D/P
Name Knowlton, T.A.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V/D
Name Wilson, J.D.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Harter, J.E.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Hockin, R.E.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Karibjanian, S.A.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Karlow, C.T.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Morgan, W.A.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Scott, J.W.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Straneiro, P.T.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599

Title V
Name Dore, L.J.
Street Address One Kellogg Square
City-St-Zip Battle Creek, MI 49016-3599