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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813669

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		3. Date Incorporated or Qualified 06/03/1959	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-0710865	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 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	1.1 TITLE	V
NAME	PERRY, W.S.	1.2 NAME	Jaques, F.M.
STREET ADDRESS	ONE KELLOGG SQUARE	1.3 STREET ADDRESS	One Kellogg Square
CITY-ST-ZIP	BATTLE CREEK MI	1.4 CITY-ST-ZIP	Battle Creek, MI
TITLE	S	2.1 TITLE	V
NAME	GILDEA, E. J.	2.2 NAME	Karibjanian, S.A.
STREET ADDRESS	ONE KELLOGG SQUARE	2.3 STREET ADDRESS	One Kellogg Square
CITY-ST-ZIP	BATTLE CREEK MI	2.4 CITY-ST-ZIP	Battle Creek, MI
TITLE	D	3.1 TITLE	
NAME	HINTON, J. R.	3.2 NAME	
STREET ADDRESS	ONE KELLOGG SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	FRENCH, C. E.	4.2 NAME	
STREET ADDRESS	ONE KELLOGG SQ.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	ERXLEBEN, S. J.	5.2 NAME	
STREET ADDRESS	ONE KELLOGG SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MCKINLEY, D.R.	6.2 NAME	
STREET ADDRESS	ONE KELLOGG SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

W. Stephen Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99
Date

616/961-2000
Daytime Phone #

CR2E034 (11/98)