

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 818749

1. Entity Name
FRITO-LAY INC.



Principal Place of Business

% PEPSI CO, INC.
700 ANDERSON HILL RD
PURCHASE, NY 10577

Mailing Address

% PEPSI CO, INC.
700 ANDERSON HILL RD
PURCHASE, NY 10577



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-0281470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000137006
04/28/04-80103-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCEO
O'NEAL, JAMES H
7701 LEGACY DRIVE
PLANO, TX 750244099

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPT
SALCITO, THOMAS
7701 LEGACY DRIVE
PLANO, TX 750244099

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AS
COLLIER, DAVID L
7701 LEGACY DRIVE
PLANO, TX 750244099

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AT
BAILEY, SHEPARD H
7701 LEGACY DRIVE
PLANO, TX 750244099

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVCF
RADER, DAVID C
7701 LEGACY DRIVE
PLANO, TX 750244099

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPC
RYDER, ROBERT P
7701 LEGACY DRIVE
PLANO, TX 750244099

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

(914) 2532800