

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

FILED

**Mar 12 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 819556 (2)

1. Corporation Name
SUNSHINE BISCUITS INC



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| Principal Place of Business 100 WOODBRIDGE CENTER DR. WOODBRIDGE NJ 07095-8186 | Mailing Address 100 WOODBRIDGE CENTER DR. WOODBRIDGE NJ 07095-1125 |
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| 2. Principal Place of Business 21 677 Larch Ave. | 2a. Mailing Address 26 677 Larch Ave. | 3. Date Incorporated or Qualified 05/08/1966 | 3a. Date of Last Report 04/17/1996 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number 11-2111159 | Applied For Not Applicable |
| 23. City & State Elmhurst, IL | 28. City & State Elmhurst, IL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Zip 60126 | 25. Country DuPage | 29. Zip 60126 | 30. Country DuPage |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE VS | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME FERBER, JAMES D. | | 1.2 NAME Sam K. Reed | |
| STREET ADDRESS 47 CARRIAGE DR | | 1.3 STREET ADDRESS 622 W. Maple | |
| CITY-STATE-ZIP MIDDLETOWN NJ | | 1.4 CITY-STATE-ZIP Hinsdale, Illinois 60521 | |
| TITLE PO | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE V.P. - Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MURRAY, ARTHUR G. | | 2.2 NAME Thomas E. O'Neill | |
| STREET ADDRESS 281 CHAPEL HILL RD | | 2.3 STREET ADDRESS 609 Brier Street | |
| CITY-STATE-ZIP ATLANTIC HIGHLANDS NJ | | 2.4 CITY-STATE-ZIP Kenilworth, Illinois 60043 | |
| TITLE CCEO | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE V.P.-COO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME UYTENGUS, WILFRED | | 3.2 NAME Harry Walsh | |
| STREET ADDRESS 999 BAKER WAY, STE. 200 | | 3.3 STREET ADDRESS 3N708 Baert Lane | |
| CITY-STATE-ZIP SAN MATEO CA | | 3.4 CITY-STATE-ZIP St. Charles, Illinois 60175 | |
| TITLE V | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE V.P. - Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MATSON, ROBERT J. | | 4.2 NAME E. Nichol McCully | |
| STREET ADDRESS 113 PLAZA DR | | 4.3 STREET ADDRESS 312 Briargate Terrace | |
| CITY-STATE-ZIP WOODBRIDGE NJ | | 4.4 CITY-STATE-ZIP Hinsdale, Illinois 60521 | |
| TITLE S | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BARBIERI, STEPHEN R. | | 5.2 NAME Jack M. Lotker | |
| STREET ADDRESS 281 281 MAKIN GRADE | | 5.3 STREET ADDRESS 1 Lakeside Lane | |
| CITY-STATE-ZIP KENTFIELD CA | | 5.4 CITY-STATE-ZIP Barrington, Illinois 60010 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do 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 on an attachment with an address.

SIGNATURE: *Thomas E. O'Neill* **Thomas E. O'Neill** 2/26/97 (630) 833-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)