

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



Principal Place of Business 677 LARCH AVE ELMHURST IL 60126 US	Mailing Address 677 LARCH AVE ELMHURST IL 60126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 677 Larch Avenue Suite, Apt. #, etc. 22 City & State 23 Elmhurst, IL Zip 24 60126		2a. Mailing Address 26 677 Larch Avenue Suite, Apt. #, etc. 27 City & State 28 Elmhurst, IL Zip 29 60126		3. Date Incorporated or Qualified 05/06/1966	
4. FEI Number 11-2111159		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 type="checkbox"/> Yes <input type="checkbox"/> No			

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
				85	Zip Code
					FL

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, SAM K	1.2 NAME	
STREET ADDRESS	622 W MAPLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, THOMAS E	2.2 NAME	
STREET ADDRESS	609 BRIER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENWORTH IL	2.4 CITY-ST-ZIP	
TITLE	VCOO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, HARRY	3.2 NAME	
STREET ADDRESS	3N708 BAERT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLY, E NICHOL	4.2 NAME	
STREET ADDRESS	312 BRIARGATE TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTKER, JACK M	5.2 NAME	
STREET ADDRESS	1 LAKESIDE ALNE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 on an attachment with an address.

SIGNATURE: *Thomas E. O'Neill* **Thomas E. O'Neill** 5/6/98 (630) 833-2900

CR2E034 (10/97)