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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

WM. WRIGLEY JR. COMPANY

**FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		- 100101 10100 11801 11010 11010 11011 01011 01011 01011 01011 01011 01011	
410 NORTH MICHIGAN AVE CHICAGO ILL 80811 410 NORTH MICHIGAN AVE CHICAGO ILL 80811		AVE		
			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
			03/07/1968	
2. Principal Place of Business	2s. Mailing Address		4. FEI Number Applied For	
21	26		36-1988190 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. ₩, etc.		5. Certificate of Status Desired S8.75 Additional	
22 Ch. 1 Co.	27		Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	28 Zip	Country		
24 25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	Current Registered Agent	1001	10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			Additional (1.0. Box Hottiber is Not Acceptable)	
		83		
•		84 City	85 Zip Code	
			<b>▶</b> ∟     '	
office or registered agent, or both, in the agent. I am familiar with, and accept the	507.0502 and 607.1508, Florida Statul le State of Florida. Such change was le obligations of, Section 607.0505, Fl	tes, the above-named authorized by the cor orida Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE				
Signature, typed or printed name of regis  12. OFFICE		F: Registered Agent signature		
TITLE PD	RS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME WRIGLEY, WILLIAM		1.2 NAME	Change CT Applicat	
STREET ADDRESS 410 N. MICHIGAN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE T	DELETE	2.1 TITLE	Change Addition	
NAME SCHNEIDER, ALAN J.		2.2 NAME		
STREET ADDRESS 410 N MICHIGAN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE S	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME PIET, WILLIAM		3.2 NAME		
STREET ADDRESS 410 N. MICHIGAN AVE.	•	3.3 STREET ADDRESS		
CITY-ST-ZIP CHICAGO IL		34 CITY-ST-ZIP		
TITLE TOPMEN ISOPAN	☐ DELETE	4.1 TITLE	Change Addition	
NAME PARKIN, JERRY R. STREET ADDRESS 410 NORTH MICHIGAN	A1#*	4. 2 NAME		
OLHOAGO II	AVE.	4.3 STREET ADORESS		
0.11 0. 24	I priest	4.4 CITY-ST-ZIP		
TITLE NAME	☐ DELETE	51 TITLE	Change Addition	
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
NAME	Diecett.	6.2 NAME	U Shange U Addition	
STREET ADDRESS		6.3 STREET ADDRESS		
·		5.5 5t. 1 /LD011L00	1	

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 suppliemental 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 couporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if grianged, or on an attachment with a dadress.

4/28/98

312-644-2121