PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821227

1. Corporation Name

WM. WRIGLEY JR. COMPANY

Principal Place of Business Mailing Address
410 NORTH MICHIGAN AVE 410 NORTH MICHIGAN AVE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90212 042 ***150.00



CHICAGO ILL. 60611		CHICAGO ILL 60611			DO NOT WRITE IN THIS SPACE				
					3. Date tr 03/07	corporated or Qualifed	10 01 701		
2. Principa Pla	ce of Business	2a. Mailing Address		4. FEI Nu	4. FEI Number		Applied For		
21		26			36-19	88190		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifo	ite of Status Desired	\$8.75 Additional Fee Recuired		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30			rporation owes the current year at Property Tax.	Intangible		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CT CC	DRPORATION SYSTEM			81 Name					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84 City			85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its nigistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. a	m jamihar with, and acc	ept the obligations of, Section of	r.0505, Fichida	Statutes.				·
SIGNATURE	Signature, typed or printed naily	e of registered agent and title if applicable	(NOTI: Reg	gistered Agent signature ri	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.	ADDITIONS/C	HANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	ĹX.	DELETE	1.1 TITLE	מינ		🔀 Change	Addition
NAME	WRIGLEY, WILLIAM			1.2 NAME	WRIGLEY, WIL	LIAM JR.		1
STREET ADDRESS	440 81 84001110 481	AVË.		1.3 STREET ADDRESS	410 N. MICHI	GAN AVE		
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-ST-ZIP	CHICAGO, IL 6	0611		
TITLE	T		DELETE	2.1 TITLE			☐ Change	Addition
NAME	SCHNEIDER, ALAN	J.		2.2 NAME				
STREET ADDRE 3S	410 N MICHIGAN A	\VE		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL			2. 4 CITY-ST-ZIP	_			_
TITLE	S	_	DELETE	31 TITLE	5		🔼 Change	☐ Addition
NAME	PIET, WILLIAM			3.2 NAME	MALOVANY, HO	WARD		
STREET ADDRESS	410 N. MICHIGAN	AVE.		3.3 STREET ADDRESS	410 N. MICHI	GAN AVE		'
CITY-ST-ZIP	CHICAGO IL			34 CiTY-ST-ZIP	CHICAGO, IL	60611		
TITLE	T		DELETE .	4 1 TITLE			☐ Change	Addition
NAME	PARKIN, JERRY R.			4 2 NAME				
STREET ADDRESS		gan ave.		4 3 STREET ADDRESS				
CiTY-ST-ZIP	CHICAGO IL			4.4 CITY-ST-ZIP	_			
TITLE			DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRES S	}			63 STREET ADDRESS				
CITY-ST-ZIP				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 ε nnual 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 εxecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with a lighter like empowered.

SIGNATURE:

IGHTURE AND TYPES OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 Date (312) 644-2121

Daytime Phone #

CR2E034 (11/98)