

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90162 032 \*\*\*150.00

DOCUMENT # 822206

1. Corporation Name  
BESTFOODS, INC.

Principal Place of Business  
700 SYLVAN AVE.  
ENGLEWOOD CLIFFS N.J. 07632

Mailing Address  
700 SYLVAN AVE.  
ENGLEWOOD CLIFFS N.J. 07632



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1968

4. FEI Number

36-2385545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 700 SYLVAN AVE.

2a. Mailing Address

26 700 SYLVAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ENGLEWOOD CLIFFS, NJ

City & State

28 ENGLEWOOD CLIFFS, NJ

Zip

24 07632

Country

25 U.S.

Zip

29 07632

Country

30 U.S.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324  
1575 S.W. 15TH AVE.  
FORT LAUDERDALE FL 33304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	GLUCK, R.S.	
STREET ADDRESS	SYLVAN AVENUE, 9W	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 0700000 NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILLESPIE R.J.	
STREET ADDRESS	SYLVAN AVENUE, 9W	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 0700000 NJ 07632	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOEMATE, C.R.	
STREET ADDRESS	SYLVAN AVENUE, 9W	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 0700000 NJ 07632	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HELLER, H.A.	
STREET ADDRESS	700 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LABERGGER, A	
STREET ADDRESS	AYLVAN AVE 9W	
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 0700000 NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHVCHINSKI, L.	
STREET ADDRESS	700 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/9/99 201-894-4000  
Date Daytime Phone #

CR2E034 (11/98)