

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 29 1997 8:00am  
Secretary of State

DOCUMENT # 824019 (4)  
1. Corporation Name  
INTERNATIONAL MULTIFOODS CORPORATION



Principal Place of Business Mailing Address  
MULTIFOODS TOWER MULTIFOODS TOWER  
P. O. BOX 2942 P. O. BOX 2942  
MINNEAPOLIS MN 55402 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/26/1970	04/09/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		41-0871880	Not Applicable
24 Country		30 Country		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 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
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

TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	COCROFT, DUNCAN H.	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VSG	<input type="checkbox"/> DELETE
NAME	BONVINO, FRANK W.	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUISO, ANTHONY	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MADDOCKS, ROBERT F	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JOHNSON, D.R.	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SAMPSON, JOHN E.	
STREET ADDRESS	33 SOUTH 6TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary E. Costley	
1.3 STREET ADDRESS	33 South 6th Street	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
2.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William L. Trubeck	
2.3 STREET ADDRESS	33 South 6th Street	
2.4 CITY-ST-ZIP	Minneapolis, MN 55402	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy J. Keenan	
3.3 STREET ADDRESS	33 South 6th Street	
3.4 CITY-ST-ZIP	Minneapolis, MN 55402	
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 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: \_\_\_\_\_

*[Handwritten Signature]*

7/25/97 612-340-3300

CF2E034 (4/97)