

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90134 007 ***150.00

DOCUMENT # 824019

1. Entity Name
INTERNATIONAL MULTIFOODS CORPORATION



Principal Place of Business
INTERNATIONAL MULTIFOODS
110 CHESHIRE LN STE 300
MINNETONKA MN 55305

Mailing Address
INTERNATIONAL MULTIFOODS
110 CHESHIRE LN STE 300
MINNETONKA MN 55305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-0871880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	COSTLEY, GARY E	
STREET ADDRESS	1185 FERNDAL RD WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	BYOM, JOHN E	
STREET ADDRESS	7332 WEST SHORE DR	
CITY-ST-ZIP	EDINA MN 55435	
TITLE	VSG	<input type="checkbox"/> Delete
NAME	BONVINO, FRANK W	
STREET ADDRESS	5518 W HIGHWOOD DR	
CITY-ST-ZIP	EDINA MN 55436	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KEUP, GREGORY J	
STREET ADDRESS	420 KIMBERLY LANBE N	
CITY-ST-ZIP	PLYMOUTH MN 55447	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, DENNIS R	
STREET ADDRESS	12700 KILLDEER ST NW	
CITY-ST-ZIP	COON RAPIDS MN 55448	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIDT, JILL W	
STREET ADDRESS	1776 JULIET AV	
CITY-ST-ZIP	SAINT PAUL MN 55105	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DO R JOHNSON

Date

3-3-03

Daytime Phone #

952/594-3347

CR2E034 (10/02)