

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835287 (4)

1. Corporation Name

WILLMAR DISTRIBUTORS, INC.



Principal Place of Business

10400 FERNWOOD ROAD
DEPT. 862
BETHESDA MD 20058

Mailing Address

10400 FERNWOOD ROAD
DEPT 72.862
BETHESDA MD 20058
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/29/1975

3a. Date of Last Report

03/27/1995

4. FEI Number

52-0892531

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input checked="" type="checkbox"/> DELETE |
|-------|-----------------------|---------------------|-------------------|--|
| PD | BOLLENBACH, STEPHEN F | 10400 FERNWOOD ROAD | BETHESDA MD | <input checked="" type="checkbox"/> |
| VD | HART, MATTHEW J | 10400 FERNWOOD ROAD | BETHESDA MD | <input checked="" type="checkbox"/> |
| VS | TOWNSEND, C G | 10400 FERNWOOD ROAD | BETHESDA MD | <input type="checkbox"/> |
| T | PARSONS, ROBERT E JR | 10400 FERNWOOD ROAD | BETHESDA MD | <input checked="" type="checkbox"/> |
| AS | WALLACE, SUSAN E | 10400 FERNWOOD ROAD | BETHESDA MD | <input type="checkbox"/> |
| D | MARRIOTT, RICHARD E | 10400 FERNWOOD ROAD | BETHESDA MD 20817 | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|-------|-------------------------|---------------------|-------------------------|--|
| PD | Robert E. Parsons, Jr. | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |
| V/D | Christopher J. Nassetta | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |
| V/AS | Pamela J. Murch | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |
| T | Scott A. LaPorta | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |
| AS | Tracy M. J. Colden | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |
| V/D | Stephen J. McKenna | 10400 Fernwood Road | Bethesda, MD 20817-1109 | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. Wallace

4/18/96 (301) 380-9000

Date

Daytime Phone #

CR2E034 (12/95)