FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91145 011 ***150.00

000340

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836781

1. Entity Name
THE EGGO COMPANY ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE KELLOGG SQUARE	ONE KELLOGG SQUARE
Suite, Apt. #, etc. P.O. BOX 3599	Suite, Apt. #, etc. P.O. BOX 3599
City & State BATTLE CREEK, MI 49016	City & State BATTLE CREEK , MI 49016
Zip / Country US	Zip / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0190508
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable):
1200 S. PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	CARLOS GUTIERREZ
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016
TITLE	SEC
NAME	GARY H. PILNICK
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	TREAS
NAME	W.STEPHEN PERRY
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Stephen Perry Treasurer April 29, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #