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**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90036 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 842511**

1. Corporation Name

**DEL MONTE CORPORATION**

Principal Place of Business

Mailing Address

**1 MARKET PLAZA  
3575 ATTN: TAX DEPT.  
SAN FRANCISCO CA 94105**

**1 MARKET PLAZA  
3575 ATTN: TAX DEPT.  
SAN FRANCISCO CA 94105**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/31/1979**

4. FEI Number

**56-1221479**

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

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

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 ☐ DELETE  
NAME **CEO**  
STREET ADDRESS **WOLFORD, RICHARD G**  
CITY-ST-ZIP **1 MARKET PLAZA  
SAN FRANCISCO CA 94105**

TITLE ☐ DELETE  
NAME **AT**  
STREET ADDRESS **RATTO, JOHN A.**  
CITY-ST-ZIP **1 MARKET PLAZA  
SAN FRANCISCO CA**

TITLE ☐ DELETE  
NAME **VCF**  
STREET ADDRESS **MEYERS, DAVID L**  
CITY-ST-ZIP **1 MARKET PLAZA  
SAN FRAN, CA 00000**

TITLE ☐ DELETE  
NAME **VPS**  
STREET ADDRESS **SAWYERS, WILLIAM R**  
CITY-ST-ZIP **1 MARKET PLAZA  
SAN FRANCISCO CA**

TITLE ☐ DELETE  
NAME **VT**  
STREET ADDRESS **GIBBONS, THOMAS E.**  
CITY-ST-ZIP **1 MARKET PLAZA  
SAN FRANCISCO CA**

TITLE ☐ DELETE  
NAME **AT**  
STREET ADDRESS **1 MARKET PLAZA**  
CITY-ST-ZIP **SAN FRANCISCO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

**JOHN A. RATTO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99**  
Date

**415.247.3398**  
Daytime Phone #

CR2E034 (11/98)