

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91349 017 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 842987**

1. Entity Name

**PROGRESSO QUALITY FOODS COMPANY**

Principal Place of Business

**200 SOUTH 6TH ST.  
MINNEAPOLIS MN 55402**

Mailing Address

**200 SOUTH 6TH ST.  
% DIAGEO, INC.  
MINNEAPOLIS MN 55402**

2. Principal Place of Business

**One General Mills Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**c/o Tax Dept., PO Box 1113**

Suite, Apt. #, etc.

City & State

**Minneapolis, MN**

City & State

**Minneapolis, MN**

4. FEI Number

**94-1644011**

Applied For

Not Applicable

Zip

**55426**

Country

Zip

**55440-1113**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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.

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>DASV</b>			
	<b>HAEFNER, BRIDGET A</b>	<b>200 S 6TH ST.</b>	<b>MINNEAPOLIS MN 55402</b>	<input checked="" type="checkbox"/>
	<b>VS</b>			<input type="checkbox"/>
	<b>SORANNO, LINDA J</b>	<b>200 S. 6TH ST.</b>	<b>MINNEAPOLIS MN</b>	<input type="checkbox"/>
	<b>ASAT</b>			<input checked="" type="checkbox"/>
	<b>POPPEL, DONALD R</b>	<b>200 S. 6TH ST.</b>	<b>MINNEAPOLIS MN</b>	<input checked="" type="checkbox"/>
	<b>DP</b>			<input checked="" type="checkbox"/>
	<b>SCHMITT, DAVID</b>	<b>200 S 6TH ST.</b>	<b>MINNEAPOLIS MN 55402</b>	<input checked="" type="checkbox"/>
	<b>TV</b>			<input checked="" type="checkbox"/>
	<b>MILLER, BRUCE</b>	<b>200 S 6TH ST.</b>	<b>MINNEAPOLIS FL 55402</b>	<input checked="" type="checkbox"/>
	<b>DAS</b>			<input checked="" type="checkbox"/>
	<b>LEAGUE, ALICIA</b>	<b>200 S 6TH ST.</b>	<b>MINNEAPOLIS MN 55402</b>	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>DV</b>			<input type="checkbox"/>
	<b>Harper, Ernest M., Jr.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input checked="" type="checkbox"/>
	<b>DVS</b>			<input checked="" type="checkbox"/>
	<b>Soranno, Linda J.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input type="checkbox"/>
	<b>DAS</b>			<input type="checkbox"/>
	<b>Wittenberg, Elizabeth L.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input checked="" type="checkbox"/>
	<b>PC</b>			<input type="checkbox"/>
	<b>Lawrence, James A.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input checked="" type="checkbox"/>
	<b>TV</b>			<input type="checkbox"/>
	<b>VanBenschoten, David B.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input checked="" type="checkbox"/>
	<b>AT</b>			<input type="checkbox"/>
	<b>Morris, Gerald J.</b>	<b>One General Mills Blvd.</b>	<b>Minneapolis, MN 55426</b>	<input checked="" type="checkbox"/>

SCHEDULE ATTACHED

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

SIGNATURE: **GERALD J. MORRIS**

**4/15/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)