
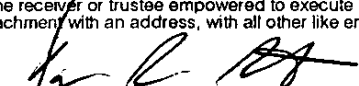


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90022 028 ***150.00

DOCUMENT # 850555 1. Entity Name THE DANNON COMPANY, INC.			
Principal Place of Business 120 WHITE PLAINS DR TARRYTOWN NY 10591		Mailing Address C/O TAX DEPARTMENT 120 WHITE PLAINS RD TARRYTOWN NY 10591	
2. Principal Place of Business 100 HILLSIDE AVE. Suite, Apt. #, etc.		3. Mailing Address C/O TAX DEPARTMENT 100 HILLSIDE AVE. Suite, Apt. #, etc.	
City & State WHITE PLAINS, NY Zip 10603 Country USA		City & State WHITE PLAINS, NY Zip 10603 Country USA	
4. FEI Number 11-2574007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input checked="" type="checkbox"/> Delete NAME KUNZ, THOMAS STREET ADDRESS 120 WHITE PLAINS ROAD CITY-ST-ZIP TARRYTOWN NY 10591	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Juan Carlos DALto STREET ADDRESS 100 HILLSIDE AVE. CITY-ST-ZIP WHITE PLAINS, NY 10603		
TITLE VTSD <input checked="" type="checkbox"/> Delete NAME RAZZOUK, THEO STREET ADDRESS 120 WHITE PLAINS RD CITY-ST-ZIP TARRYTOWN NY 10591	TITLE VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ANTHONY CICIO STREET ADDRESS 100 HILLSIDE AVE. CITY-ST-ZIP WHITE PLAINS, NY 10603		
TITLE AS <input type="checkbox"/> Delete NAME BESTIERO, DONNA STREET ADDRESS 120 WHITE PLAINS RD CITY-ST-ZIP TARRYTOWN NY 10591	TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Donna Bestiero STREET ADDRESS 100 HILLSIDE AVE. CITY-ST-ZIP WHITE PLAINS, NY 10603		
TITLE D <input type="checkbox"/> Delete NAME CAQUELIN, FRANCOIS STREET ADDRESS 17 BLVD HAUSSMANN CITY-ST-ZIP PARIS, FRANCE 75009	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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: 		3/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	