FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:34

DOCUMENT # **852678** **(2)**

1. Corporation Name
HELLER SEASONINGS & INGREDIENTS, INC.

Principal Place of Business	Mailing Address
6363 WEST 73RD ST. PO BOX 0128, ZIP CODE 60499-0128 BEDFORD PARK IL 60638	6363 WEST 73RD ST. PO BOX 0128, ZIP CODE 60499-0128 BEDFORD PARK IL 60638

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1982
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-1207890 ☐ 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

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President & Treasurer	☒ Change ☐ Addition
NAME	HELLER, JOHN R	1.2 NAME		
STREET ADDRESS	6363 WEST 73RD STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	GOELZ, WERNER F.	2.2 NAME		
STREET ADDRESS	6363 WEST 73RD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	HELLER, JAMES R.	3.2 NAME	Mary H. Capobianchi	
STREET ADDRESS	6363 WEST 73RD ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HELLER, JOHN R.	4.2 NAME		
STREET ADDRESS	6363 WEST 73RD ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HELLER, MARYBETH RYAN	5.2 NAME		
STREET ADDRESS	6363 WEST 73RD ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	5.4 CITY-ST-ZIP		
TITLE	ST	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	OSSMANN, ROBERT E.	6.2 NAME	Allen Marshall	
STREET ADDRESS	6363 W. 73RD ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD PARK IL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Allen Marshall Secretary Faburary 16, 1995 312 5816800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480460 FP