

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854356 (3)

1. Corporation Name:
EAGLE SNACKS, INC.

Principal Place of Business ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118	Mailing Address ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118-1849
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/12/1982	3a. Date of Last Report 02/21/1996
4. FEI Number 43-1246129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OPDYKE, WILLIAM H.		1.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		1.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		1.4 CITY - ST - ZIP	Schedule Attached
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THAYER, GERALD C.		2.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		2.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REEVES, LAURA H.		3.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		3.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		3.4 CITY - ST - ZIP	
TITLE CEO	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEAVENWORTH, DAVID S.		4.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		4.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		4.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOWLER, KEVIN F		5.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		5.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		5.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ISELIN JR., JOHN W		6.2 NAME	
STREET ADDRESS ONE BUSCH PLACE		6.3 STREET ADDRESS	
CITY - ST - ZIP ST LOUIS MO		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Laura Reeves* 1/22/97 314-577-2359
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Laura H. Reeves, Secretary

CR2E034 (9/96)

EAGLE SNACKS, INC.

(Business Address: 231 S. Bemiston Ave., Suite 600, St. Louis, MO 63105)

OFFICERS

David A. Poldoian	President
Wendell J. Waye	Executive Vice President & Chief Financial Officer
Dale E. Ditmars	Vice President - Operations
Phillip P. Abbadessa	Vice President - International and Airline Sales
Stephen J. Galluzzo	Vice President - Quality Assurance & Technical Services
David L. Jacobson	Vice President - Human Resources
James R. Sebo	Vice President - Marketing
William J. Kimmins	Treasurer
Laura H. Reeves	Secretary
George S. Thomas	Assistant Secretary
Richard N. Hill	Assistant Treasurer
John D. Castagno	Assistant Tax Controller

DIRECTORS

David A. Poldoian
Wendell J. Waye
Martin D. Cargas

Effective 3/7/96