

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854356** (3)  
1. Corporation Name  
**EAGLE SNACKS, INC.**

Principal Place of Business <b>ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118</b>	Mailing Address <b>ATTN: CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>231 S. Bemiston Avenue</b> Suite, Apt. #, etc. 22 <b>Suite 600</b> City & State 23 <b>Clayton, MO</b> Zip 24 <b>63105</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/12/1982</b>	
4. FEI Number <b>43-1246129</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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.

SIGNATURE:

3/5/98

314-577-2359

CR2E034 (1097)

**EAGLE SNACKS, INC.**

(Business Address: 231 South Bemiston Avenue, Suite 600, Clayton, MO 63105)

(Mailing Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

David A. Poldoian	President
William J. Kimmins	Treasurer
Laura H. Reeves	Secretary
George S. Thomas	Assistant Secretary
Frederick B. Kruger	Assistant Secretary
David C. Sauerhoff	Assistant Treasurer
John D. Castagno	Tax Controller

**DIRECTORS**

David A. Poldoian  
Martin D. Cargas

Effective 12/1/97