

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90043 034 \*\*\*150.00

<p><b>PROFIT CORPORATION ANNUAL REPORT 1999</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 855046

1. Corporation Name  
**GOLDEN GRAIN COMPANY**

Principal Place of Business	Mailing Address
321 N CLARK ST. SUITE 25-3 CHICAGO IL 60604-9001 US	321 N CLARK ST. SUITE 25-3 CHICAGO IL 60604-9001 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/21/1982

4. FEI Number	Applied For
94-0517860	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

24	25	26	27	28	
9. Name and Address of Current Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address
				83	
				84	City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (P.O. Box Number is Not Acceptable)  
\_\_\_\_\_

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

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	PD SHAPIRO, MARK A. 321 N. CLARK STREET CHICAGO FL <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	D GETTINGS, THOMAS L. 321 N. CLARK ST. CHICAGO IL <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	VT COOPER, JANET K. 321 N. CLARK ST. CHICAGO IL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAZ, MARCIA S. 321 N CLARK ST. CHICAGO IL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNES, MICHAEL D. 321 NORTH CLARK STREET CHICAGO IL <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	VP HUMMELL, JEFF 321 NORTH CLARK STREET CHICAGO IL <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, with all other like empowered.

**SIGNATURE:**

SIG 4/4 3/4 REQUIRED

1/22/29

Daytime Phone #

CR2E034 (11/98)

# **GOLDEN GRAIN COMPANY**

~~(Golden Grain Macaroni Co.)~~

545466-90043-34

Doc # 855046

## **Officers:**

### **Names:**

Mark A. Shapiro - President  
Michael D. Annes - Vice President  
Jeffrey Hummel - Vice President  
Thomas L. Gettings - Vice President & Treasurer  
Douglas A. James - Assistant Treasurer  
Joseph W. Bean - Vice President and Secretary  
Gerald A. Cassioppi - Assistant Secretary

## **Directors:**

Number shall be three.

### **Names:**

Thomas L. Gettings  
Richard Gunst  
Mark A. Shapiro