

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90110 034 \*\*\*158.75

**DOCUMENT # F00000002845**

1. Entity Name  
**AURORA FOODS INC.**

Principal Place of Business <b>456 MONTGOMERY ST., SUITE 2200          SAN FRANCISCO CA 94104</b>	Mailing Address <b>456 MONTGOMERY ST., SUITE 2200          SAN FRANCISCO CA 94104</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1000 SAINT LOUIS UNION STATION</b> Suite, Apt. #, etc.	3. Mailing Address <b>1000 SAINT LOUIS UNION STATION</b> Suite, Apt. #, etc.
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City & State <b>St. Louis, MO</b>	City & State <b>St. Louis, MO</b>	4. FEI Number <b>94-3303521</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>63103-2269</b>	Country <b>USA</b>	Zip <b>63103-2269</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00 <sup>\$158.75</sup>**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WILSON, IAN R 456 MONTGOMERY ST., SUITE 2200 SAN FRANCISCO CA 94104</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD ARDREY, JAMES B 885 THIRD AVENUE NEW YORK NY 10022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHUNG, RAY 456 MONTGOMERY ST., SUITE 2200 SAN FRANCISCO CA 94104</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CUMMINGS, M. LAURIE 456 MONTGOMERY ST., SUITE 2200 SAN FRANCISCO CA 94104</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ELLINWOOD, THOMAS O 1000 UNION STATION, SUITE 200 ST. LOUIS MO 63103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FERRARO, THOMAS J 456 MONTGOMERY ST., SUITE 2200 SAN FRANCISCO CA 94104</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, CEO &amp; DIRECTOR JAMES T. SMITH 1000 SAINT LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E-VICE PRESIDENT, CFO, SECRETARY &amp; DIRECTOR CHRISTOPHER T. SORRELL 1000 SAINT LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER ANDREA GEISSER 1000 SAINT LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; CONTROLLER JOHN L. CURRIE 1000 SAINT LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VICE PRESIDENT THOMAS O. ELLINWOOD 1000 SAINT LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR VICE PRESIDENT PAUL GRAVEL 1000 ST. LOUIS UNION STATION ST. LOUIS, MO 63103-2269</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Currie **JOHN L. CURRIE** 4/6/01 **314-802-4173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)