

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90242 032 \*\*\*158.75

**DOCUMENT # F00000002845**

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

**Principal Place of Business**  
**1000 SAINT LOUIS UNION STATION**  
**SAINT LOUIS MO 63103-2269**

**Mailing Address**  
**1000 SAINT LOUIS UNION STATION**  
**SAINT LOUIS MO 63103-2269**

**361668**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**11432 LACKLAND RD.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**11432 LACKLAND RD.**  
 Suite, Apt. #, etc.

**City & State**  
**St. Louis, MO**

**City & State**  
**St. Louis, MO**

**4. FEI Number**  
**94-3303521**

**Applied For**  
 Not Applicable

**Zip & Country**  
**63146-3516 U.S.A.**

**Zip & Country**  
**63146-3516 USA**

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

**6. Name and Address of Current Registered Agent**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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** \_\_\_\_\_ (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, 2002 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PCD</b> <b>SMITH, JAMES</b> <b>1000 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>EVS</b> <b>SORRELL, CHRISTOPHER T</b> <b>1000 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>GEISSER, ANDRE D</b> <b>1000 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVPC</b> <b>CURRIE, JOHN L</b> <b>1000 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>EVPD</b> <b>ELLINWOOD, THOMAS O</b> <b>1000 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVPD</b> <b>GRAUSEN, PAUL</b> <b>100 SAINT LOUIS UNION STATION</b> <b>SAINT LOUIS MO 63103-2269</b>	<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>11432 LACKLAND RD.</b> <b>ST. LOUIS, MO 63146-3516</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>EVP, CFO, TREASURER &amp; SECRETARY</b> <b>WILLIAM R. McMANAMAN</b> <b>11432 LACKLAND RD</b> <b>St. Louis, MO 63146-3516</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> <b>11432 LACKLAND RD.</b> <b>St. Louis, MO 63146-3516</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>11432 LACKLAND RD.</b> <b>St. Louis, MO 63146-3516</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>11432 LACKLAND RD</b> <b>St. Louis, MO 63146-3516</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>11432 LACKLAND RD.</b> <b>St. Louis, MO 63146-3516</b>	<input checked="" type="checkbox"/> Change <input 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:** **SIGNATURE REQUIRED** **JOHN L. CURRIE** **4/17/02** **314-801-2300**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)