## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # F00000002845 1. Entity Name 05-22-2002 90242 032 \*\*\*158 AURORA FOODS INC. Mailing Address Principal Place of Business 1000 SAINT LOUIS UNION STATION 1000 SAINT LOUIS UNION STATION 361668 SAINT LOUIS MO 63103-2269 SAINT LOUIS MO 63103-2269 2. Principal Place of Business 3. Mailing Address 1432 LACKLANDK 11432 LACKLAND RE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3303521 T. Louis ST. LOUIS. mo Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 63146-3516 63146-3516 Fee Required U.S. A 6. Name and Address of Current Registered Agent ==== 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 \$158.78 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 📆 😁 🦠 🔻 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE SMITH, JAMES 11432 LACKLAND RO. 1000 SAINT LOUSI UNION STATION STREET ADDRESS ST. LOUIS, MO 63146-3516 SAINT LOUIS MO 63103-2269 CITY-ST-ZIP TITLE ☐ Change X Delete NAME

11. TITLE STREET ADDRESS CITY-ST-7IP EVP, CFO, TREMSURER & SECRETARY WILLIAM R. McManaman TITLE NAME SORRWELL, CHRISTOPHER T STREET ADDRESS 11432 LACKLENDLO STREET ADDRESS 1<del>000 SAINT LOUIS UNION STATION</del> CITY-ST-ZIP St. Louis, MO 63146-3516 CITY-ST-ZIP SAINT-LOUIS MO 63103-2269 DIRECTOR Addition ☐ Delete TITLE Change TD NAME NAME GEISSER, ANDRED 11432 LACKLAND RO. STREET ADDRESS STREET ADDRESS 1000 SAINT LOUIS UNION STATION CITY-ST-7tP ST. Louis, MO 63146-3516 CITY-ST-7IP SAINT-LOUIS-MO-63103-2269 TITLE ☐ Delete TITLE **C**hange ☐ Addition DVPC NAME NAME CURRIE, JOHN L 11432 LACKLAND KO STREET ADDRESS 1000 SAINT LOUIS UNION STATION STREET ADDRESS SAINT LOUIS MO 63103-2269 CITY-ST-ZIP CITY-ST-ZIP Sr. Louis Mo 63146-3516 X Change ☐ Addition TITLE ☐ Delete TITLE **EVPD** NAME ELLINWOOD, THOMAS O 11432 LACKLAND RO STREET ADDRESS STREET ADDRESS 1000 SAINT LOUIS UNION STATION CITY-ST-ZIP CITY-ST-ZIP S<del>AINT LOUIS MO 63163-22</del>69 -St. Louis, MO 63146-3516 ☐ Delete Change ☐ Addition SVPD GRAUSEN, PAUL NAME 11432 LACKLAND RD. STREET ADDRESS 100 SAINT LOUIS UNION STATION STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT-LOUIS MO 63103-2269 St. Louis, MO 63146-3516

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: x

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. CURRIE

CR2E034 (9/01)