

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90202 010 ***150.00

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DOCUMENT # F00000002845 1. Entity Name PINNACLE FOODS GROUP INC.					
Principal Place of Business SIX EXECUTIVE CAMPUS CHERRY HILL, NJ 08002			Mailing Address ONE BLOOMFIELD AVE. ATTN: TAX DEPT. MOUNTAIN LAKES, NJ 07046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202005 Chg-P CR2E034 (10/03)	
4. FEI Number 94-3303521				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO METROPOULOS, C. DEAN 67 MASON STREET GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, STEPHEN P 1221 AVENUE OF THE AMERICAS, 39TH FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JONATHAN R 1221 AVENUE OF THE AMERICAS, 39TH FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin G. O'Brien 1221 Ave. of Americas, 39th Fl. New York, NY 10020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DION, N. MICHAEL 1 OLD BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS PELLICANO, LOUIS 1221 AVENUE OF THE AMERICAS, 39TH FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP METROPOULOS, EVAN 1 OLD BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anthony P. Lo Basso</i> Anthony P. Lo Basso <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE</small>					
				Date 4/20/05 973-541-6639 <small>Daytime Phone #</small>	