2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# F00000002863

Entity Name: BEST BRANDS CORP.

Current Principal Place of Business:

1765 YANKEE DOODLE RD
SAINT PAUL, MN 55121

New Principal Place of Business:

Current Mailing Address:

1765 YANKEE DOODLE RD
SAINT PAUL, MN 55121

New Mailing Address:

FEI Number: 31-1708815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ROGER JONDALL MEHUS

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	SCHULTZ, MICHAEL	
Address:	1765 YANKEE DOODLE RD	
City-St-Zip:	EAGON, MN 55121	
Title:	VD	( ) Delete
Name:	HUMPHREY, G. SCOTT	
Address:	445 HUTCHINSON AVENUE, SUITE 800	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	VD	( ) Delete
Name:	SUNENSHINE, HARRY S	
Address:	445 HUTCHINSON AVENUE, SUITE 800	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	D	( ) Delete
Name:	CASCIO, PAUL H	
Address:	20600 CHAGRIN BLVD., SUITE 1150	
City-St-Zip:	CLEVELAND, OH 44122	
Title:	D	( ) Delete
Name:	PINKAS, ROBERT P	
Address:	20600 CHAGRIN BLVD., SUITE 1150	
City-St-Zip:	CLEVELAND, OH 44122	
Title:	S	( ) Delete
Name:	HILL, JAMES M	
Address:	20 PUBLIC SQUARE, SUITE 2300	
City-St-Zip:	CLEVELAND, OH 44114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCHULTZ VP 10/20/2005

Electronic Signature of Signing Officer or Director — Date