

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000002863

1. Entity Name
BEST BRANDS CORP.



Principal Place of Business
**111 CHESHIRE LANE
MINNETONKA, MN 55305**

Mailing Address
**111 CHESHIRE LANE
MINNETONKA, MN 55305**



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1708815

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUMPHREY, G. SCOTT
STREET ADDRESS 445 HUTCHINSON AVENUE, SUITE 800
CITY-ST-ZIP COLUMBUS, OH 43235

TITLE VPD
NAME SUNENSHINE, HARRY S
STREET ADDRESS 445 HUTCHINSON AVENUE, SUITE 800
CITY-ST-ZIP COLUMBUS, OH 43235

TITLE VPD
NAME SCHULTZ, MICHAEL
STREET ADDRESS 111 CHESHIRE LANE
CITY-ST-ZIP MINNETONKA, MN 55305

TITLE D
NAME CASCIO, PAUL H
STREET ADDRESS 3201 ENTERPRISE PKWY, STE 350
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE D
NAME SMITH, DOUGLAS A
STREET ADDRESS 445 HUTCHINSON AVENUE, SUITE 800
CITY-ST-ZIP COLUMBUS, OH 43235

TITLE S
NAME HILL, JAMES M
STREET ADDRESS 20 PUBLIC SQUARE, SUITE 2300
CITY-ST-ZIP CLEVELAND, OH 44114

U00000630017
02/19/07-80024-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 952/464-7500
Date Daytime Phone #