

FILED  
Apr 23, 2003 8:00 am  
Secretary of State

04-23-2003 90171 017 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000006370

1. Entity Name  
**QUORN FOODS INC.**



Principal Place of Business  
**1800 CONCORD PIKE  
WILMINGTON, DE 19850-5437**

Mailing Address  
**1800 CONCORD PIKE  
WILMINGTON, DE 19850-5437**

11009634

2. Principal Place of Business  
**1800 Concord Pike  
Suite, Apt. #, etc.**

3. Mailing Address  
**Same as principal address  
Suite, Apt. #, etc.**

**FOP-2, Legal Department**  
City & State

**Wilmington, DE 19850**

City & State

Zip Country  
**19850 New Castle**

Zip Country

4. FEI Number  
**51-0387177**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
ENGELMANN, GLENN M  
1800 CONCORD PIKE  
WILMINGTON, DE 198505437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
DAVIES, GREGORY A  
1800 CONCORD PIKE  
WILMINGTON, DE 198505437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
BRAZZO, JOHN P  
1800 CONCORD PIKE  
WILMINGTON, DE 198505437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
BOOTH-BARBARIN, ANN V  
1800 CONCORD PIKE  
WILMINGTON, DE 198505437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
MICOLUCCI, CAROLYN H  
1800 CONCORD PIKE  
WILMINGTON, DE 198505437** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President:  
Nick D. Hughes  
c/o 1800 Concord Pike, Wilmington, DE  
19850** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
John T. Pinkney  
c/o 1800 Concord Pike, Wilmington, DE 19850** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Richard E. Howell  
c/o 1800 Concord Pike, Wilmington, DE 19850** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ann V. Booth-Barbarin**

**4/10/03 (302) 886-3091**

Date

Daytime Phone #

CR2E034 (10/02)