

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 025 ***150.00

DOCUMENT # F02000005695					
1. Entity Name SCHWAN'S CONSUMER BRANDS NORTH AMERICA, INC.					
Principal Place of Business 115 WEST COLLEGE DRIVE MARSHALL, MN 56258			Mailing Address 115 WEST COLLEGE DRIVE MARSHALL, MN 56258		
2. Principal Place of Business 8500 Normandale Lk. Blvd Suite, Apt. #, etc. 2,000		3. Mailing Address 8500 Normandale Lk. Blvd Suite, Apt. #, etc. 2,000			
City & State Bloomington, MN Zip 55437 Country U.S.A.		City & State Bloomington, MN Zip 55437 Country U.S.A.		4. FEI Number 47-0885794	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D NAME PIPPEN, LENNY M STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BURR, TRACY STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PASKACH, DAVID STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BEADLE, JOHN STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PASKACH, DAVID M STREET ADDRESS 115 W COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME NEITZKE, TOM STREET ADDRESS US W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete		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: <u>David M. Paskach</u> <u>4/29/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					