

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005916

Entity Name: BIRDS EYE FOODS, INC.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

90 LINDEN OAKS
ROCHESTER, NY 14625

New Principal Place of Business:

Current Mailing Address:

PO BOX 20670
ROCHESTER, NY 146020670

New Mailing Address:

FEI Number: 16-0845824

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BENJAMIN, TIMOTHY
Address: 38 WENHAM LANE
City-St-Zip: PITTSFORD, NY 14534

Title: P () Delete
Name: HARRISON, NEIL
Address: 2500 EAST AVENUE
City-St-Zip: ROCHESTER, NY 14610

Title: SEC () Delete
Name: POWERS, EARL
Address: 9 SHEFFIELD COURT
City-St-Zip: VICTOR, NY 14564

Title: EVPO () Delete
Name: CAUGHRAN, CARL
Address: 3731 SHADY COVE DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

Title: D () Delete
Name: CALL, PETER
Address: 7885 LEWISTON RD.
City-St-Zip: BATAVIA, NY 14020

Title: VP () Delete
Name: NELSON, LINDA
Address: 590 ELEANOR ROAD
City-St-Zip: VICTOR, NY 14564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HARRISON, NEIL
Address: 90 LINDEN OAKS
City-St-Zip: ROCHESTER, NY 14625

Title: SEC (X) Change () Addition
Name: PUMA, CHRISTOPHER
Address: 90 LINDEN OAKS
City-St-Zip: ROCHESTER, NY 14625

Title: EVPO (X) Change () Addition
Name: CAUGHRAN, CARL
Address: 90 LINDEN OAKS
City-St-Zip: ROCHESTER, NY 14625

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 exemption stated 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 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: TIMOTHY BENJAMIN

VP

04/04/2008

Electronic Signature of Signing Officer or Director

Date