## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # F03000006321

KELLOGG SALES COMPANY



**FILED** Mar 02, 2006 08:00 Al **Secretary of State** 

Fee Required

Principal Place of Business

ONE KELLOGG SQUARE BATTLE CREEK, MI 49016 Mailing Address

ONE KELLOGG SQUARE BATTLE CREEK, MI 49016



## DO NOT WRITE IN THIS SPACE

02032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0329186 Not Applicable \$8.75 Additional

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

5. Certificate of Status Desired

				***	
8. The above the obliga	e named entity submits this statement for the parties of registered agent.	ourpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
DILE NAME STREET ADDRESS SITY-ST-ZIP  IITLE NAME STREET ADDRESS SITY-ST-ZIP  IITLE NAME STREET ADDRESS SITY-ST-ZIP  IITLE NAME STREET ADDRESS SITY-ST-ZIP	PD PILNICK, GARY H ONE KELLOGG SQUARE BATTLE CREEK, MI 49016 VD WITTENBERG, JOEL R ONE KELLOGG SQUARE BATTLE CREEK, MI 49016 SD MARKEY, JAMES K ONE KELLOGG SQUARE BATTLE CREEK, MI 49016			DO	0000004\$2907 03733705-80038-021 150,00 NOT WRITE
ITTLE  NAME  STREET ADDRESS  STY-ST-ZIP  TILE  NAME  STREET ADDRESS  STY-ST-ZIP  TILE	T WITTENBERG, JOEL R ONE KELLOGG SQUARE BATTLE CREEK, MI 49016 AT SCHELL, RICHARD W ONE KELLOGG SQUARE BATTLE CREEK, MI 49016			IN <sup>-</sup>	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.

NAME STREET ADDRESS CITY-ST-ZIP

> 2-27-06 Davime Phone #