

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 23, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # F03000006321**

1. Entity Name  
**KELLOGG SALES COMPANY**



Principal Place of Business  
**ONE KELLOGG SQUARE  
BATTLE CREEK, MI 49016**

Mailing Address  
**ONE KELLOGG SQUARE  
BATTLE CREEK, MI 49016**



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0329186**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	PILNICK, GARY H
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016

TITLE	VD
NAME	WITTENBERG, JOEL R
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016

TITLE	SD
NAME	MARKEY, JAMES K
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016

TITLE	T
NAME	WITTENBERG, JOEL R
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016

TITLE	AT
NAME	SCHELL, RICHARD W
STREET ADDRESS	ONE KELLOGG SQUARE
CITY-ST-ZIP	BATTLE CREEK, MI 49016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000645431  
03/05/07-80006-025 150.00

**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

**RICHARD SCHELL**

**2-19-07**

**269-961-3299**

Date

Daytime Phone #