

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-18-2005 90045014 \*\*\*150.00

F04000003506

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

50055738

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| DOCUMENT # F04000003506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                 |                                                                                                                                                       |             |             |
| 1. Entity Name<br>INTERNATIONAL MULTIFOODS CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                 |                                                                                                                                                       |                                                                                              |             |
| Principal Place of Business<br>STRAWBERRY LANE<br>ORRVILLE, OH 44667-0280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                                                                 | Mailing Address<br>STRAWBERRY LANE<br>ORRVILLE, OH 44667-0280                                                                                         |                                                                                              |             |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                 | 3. Mailing Address                                                                                                                                    |                                                                                              |             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                 | Suite, Apt. #, etc.                                                                                                                                   |                                                                                              |             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                                                 | City & State                                                                                                                                          |                                                                                              |             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                              | Zip                                                                                                             | Country                                                                                                                                               | 4. FEI Number<br>20-0888331                                                                  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                 |                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                 |                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required     |             |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                 |                                                                                                                                                       | 7. Name and Address of New Registered Agent                                                  |             |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                                                 |                                                                                                                                                       | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                 |                                                                                                                                                       |                                                                                              |             |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                       |                                                                                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                 |                                                                                                                                                       | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                 |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C<br>SMUCKER, TIMOTHY P<br>STRAWBERRY LANE<br>ORRVILLE, OH 446670280 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | C/D<br>Smucker, Timothy P.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P<br>SMUCKER, RICHARD K<br>STRAWBERRY LANE<br>ORRVILLE, OH 446670280 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | P/D<br>Smucker, Richard K.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>DUNCAN, FRED A<br>STRAWBERRY LANE<br>ORRVILLE, OH 446670280 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | P/D<br>Duncan, Fred A.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>HARLAN, M. ANN<br>STRAWBERRY LANE<br>ORRVILLE, OH 446670280 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | VP/S<br>Harlan, Ann M.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>BELGYA, MARK R<br>STRAWBERRY LANE<br>ORRVILLE, OH 446670280 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | VP/T<br>Belgya, Mark R.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                              |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | P/D<br>Byrd, Vincent C.<br>Strawberry Lane<br>Orrville, OH 44667-0280 <input type="checkbox"/> Change <input checked="" 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. |                                                                                                      |                                                                                                                 |                                                                                                                                                       |                                                                                              |             |
| Adam Ekonomon, Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                 |                                                                                                                                                       |                                                                                              |             |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      | see attached 1/4/05 330-684-3598<br>for Adam Ekonomon Daytime Phone #                                           |                                                                                                                                                       |                                                                                              |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                                                 |                                                                                                                                                       |                                                                                              |             |

Section 11 Continued

ATTACHMENT

# F04000003506  
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292

P  
Oakland, Steven  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Dunaway, Barry C.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Ellis, Robert E.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Jirsa, Richard G.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Milliken, John D.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Platt, Andrew G.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Smucker, Mark T.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Thome, Mark  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Troyak, Richard F.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

VP  
Wagstaff, Paul Smucker  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

Assist S  
Ekonomon, Adam M.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition

Assist T  
Marthey, Debra A.  
Strawberry Lane  
Orrville, OH 44667-0280

Addition