2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003258

1. Entity Name
WRIGLEY SALES COMPANY

Principal Place of Business	Mailing Address
410 N. MICHIGAN AVENUE CHICAGO, IL 60611	410 N. MICHIGAN AVENUE CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4390846

☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	SCOZZAFAVA, RALPH P
STREET ADDRESS	410 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	VPD
NAME	LANAGHAN, MIKE
STREET ADDRESS	410 N. MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	VPD
NAME	MALOVANY, HOWARD
STREET ADDRESS	410 N. MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	S
NAME	BOULDON, ALLYSON
STREET ADDRESS	410 N. MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	T
NAME	SCHNEIDER, ALAN J
STREET ADDRESS	410 N. MICHIGAN AVENUE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ALAN J. SCHNEIDER 1/20/06 (312) 644-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #