

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 034 ***150.00

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1. Entity Name
WRIGLEY SALES COMPANY



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

Mailing Address
**410 N. MICHIGAN AVENUE
CHICAGO, IL 60611**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME LANAGHAN, MIKE ☒ Delete
STREET ADDRESS 410 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO, IL 60611

TITLE VPD
NAME MALOVANY, HOWARD ☐ Delete
STREET ADDRESS 410 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO, IL 60611

TITLE T
NAME SCHNEIDER, ALAN J ☐ Delete
STREET ADDRESS 410 N. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO, IL 60611

TITLE President, Director
NAME Haben, Mary Kay ☐ Delete
STREET ADDRESS 410 N. Michigan Avenue
CITY-ST-ZIP Chicago, IL 60611

TITLE Vice President, Director
NAME Chibe, Paul ☐ Delete
STREET ADDRESS 410 N. Michigan Avenue
CITY-ST-ZIP Chicago, IL 60611

TITLE Vice President, Director
NAME Moeller, Tom ☐ Delete
STREET ADDRESS 410 N. Michigan Avenue
CITY-ST-ZIP Chicago, IL 60611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary, Director ☐ Change ☐ Addition
NAME Monroe, Mark
STREET ADDRESS 410 N. Michigan Avenue
CITY-ST-ZIP Chicago, IL 60611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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** Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(312) 644-221