

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002528

FILED
Mar 19, 2009
Secretary of State

Entity Name: DREYER'S GRAND ICE CREAM, INC.

Current Principal Place of Business:

5929 COLLEGE AVENUE
OAKLAND, CA 94618

New Principal Place of Business:

5929 COLLEGE AVE.
OAKLAND, CA 94618

Current Mailing Address:

5929 COLLEGE AVENUE
OAKLAND, CA 94618

New Mailing Address:

5929 COLLEGE AVE.
OAKLAND, CA 94618

FEI Number: 94-2967523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHN, TIMOTHY F CEO
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VPD () Delete
Name: BARBOUR, STEVEN P CFO
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VPS () Delete
Name: NEAGLE, ROSANNA
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VP (X) Delete
Name: JOHNSTON, J TYLER
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VP (X) Delete
Name: RAMLO, RHONDA
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VP (X) Delete
Name: SAMSAM, TONY B
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: KAHN, TIMOTHY F
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: DCFO (X) Change () Addition
Name: BARBOUR, STEVEN P
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: VPS (X) Change () Addition
Name: NEAGLE, ROSANNA M
Address: 5929 COLLEGE AVE
City-St-Zip: OAKLAND, CA 94618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER

POA

03/19/2009

Electronic Signature of Signing Officer or Director

Date