

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002738

FILED
Apr 08, 2011
Secretary of State

Entity Name: KRAFT NEW SERVICES, INC.

Current Principal Place of Business:

THREE LAKES DRIVE
NORTHFIELD, IL 60093 US

New Principal Place of Business:

Current Mailing Address:

THREE LAKES DRIVE
TAX DEPT. - NF602
NORTHFIELD, IL 60093 US

New Mailing Address:

FEI Number: 36-3993471 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

OFFICERS AND DIRECTORS:

Title: P
Name: SAMPSON, TOM
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

Title: T
Name: MAGNESEN, MARK S
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

Title: SVP
Name: MILLER, WILLIE J
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

Title: VP
Name: ZEMAN, MARC H
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

Title: S
Name: WARD, CAROL J
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

Title: DSVP
Name: PLEUHS, GERHARD
Address: THREE LAKES DRIVE
City-St-Zip: NORTHFIELD, IL 60093 US

I hereby 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 all other like empowered.

SIGNATURE: MARC H. ZEMAN

VP

04/08/2011

Electronic Signature of Signing Officer or Director

_____ Date