

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004820

Entity Name: SMUCKER FOODSERVICE, INC.

FILED  
Mar 21, 2011  
Secretary of State

**Current Principal Place of Business:**

1 STRAWBERRY LANE  
ORRVILLE, OH 44667

**New Principal Place of Business:**

**Current Mailing Address:**

1 STRAWBERRY LANE  
ORRVILLE, OH 44667

**New Mailing Address:**

FEI Number: 26-1825650

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: PDIR  
Name: BYRD, VINCENT C  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

Title: TRES  
Name: MARTHEY, DEBRA A  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

Title: VP  
Name: HERMAN, LARRY W  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

Title: SEC  
Name: KNUDSEN, JEANNETTE L  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

Title: DIR  
Name: SMUCKER, RICHARD K  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

Title: DIR  
Name: SMUCKER, TIMOTHY P  
Address: 1 STRAWBERRY LANE  
City-St-Zip: ORRVILLE, OH 44667

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: ANNE MEYER

POA

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date