

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000798 (0)**

1. Corporation Name

**EARTHGRAINS BAKING COMPANIES, INC.**

Principal Place of Business

**ATTN: LEGAL DEPT.**  
**8400 MARYLAND AVENUE**  
**ST. LOUIS MO 63105-3668**

Mailing Address

**ATTN: LEGAL DEPT.**  
**8400 MARYLAND AVENUE**  
**ST. LOUIS MO 63105-3647**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or partner, officer or director, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAFURE, MIKE</b>	
STREET ADDRESS	<b>6211 LEMMON AVENUE</b>	
CITY-ST-ZIP	<b>DALLAS TX 75209</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TORCIVA, BRIAN</b>	
STREET ADDRESS	<b>6211 LEMMON AVENUE</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIMMINS, WILLIAM J.</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELSCH, DAVID</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCRACKEN, ELLIS</b>	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63118</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NICKELS, RON</b>	
STREET ADDRESS	<b>6211 LEMMON AVE.</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John W. Iselin, Jr.</b>	
1.3 STREET ADDRESS	<b>8400 Maryland Avenue</b>	
1.4 CITY-ST-ZIP	<b>St. Louis, MO 63105</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bryan A. Torcivia</b>	
2.3 STREET ADDRESS	<b>8400 Maryland Avenue</b>	
2.4 CITY-ST-ZIP	<b>St. Louis, MO 63105</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Michael A. Salamone</b>	
3.3 STREET ADDRESS	<b>8400 Maryland Avenue</b>	
3.4 CITY-ST-ZIP	<b>St. Louis, MO 63105</b>	
4.1 TITLE	<b>V/S/D/</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joseph M. Noelker</b>	
4.3 STREET ADDRESS	<b>8400 Maryland Avenue</b>	
4.4 CITY-ST-ZIP	<b>St. Louis, MO 63105</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-97**

**Joseph M. Noelker (314)259-7000**

Date

Daytime Phone #

CR2E034 (9/96)