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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F92000000798 (0)

EARTHGRAINS BAKING COMPANIES, INC.

Principal Place of Business Mailing Address ATTN: LEGAL DEPT. ATTN: LEGAL DEPT. 8400 MARYLAND AVENUE 8400 MARYLAND AVENUE ST. LOUIS MO 63105-3668 ST. LOUIS MO 63105-3668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 71-0051040 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ISLELIN, JOHN W. JR. NAME 1.2 NAME CR2E034 8400 MARYLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS ST. LOUIS MO CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE TORCIVIA, BRIAN NAME 2 2 NAME 8400 MARYLAND AVE. STREET ADDRESS 2.3 STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE SALAMONE, MICHAEL A. NAME 3.2 NAME 8400 MARYLAND AVE. STREET ADDRESS 3.3 STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP 3.4. CITY-ST-ZIP VST ☐ DELETE Change Addition 4.1 TITLE NOELKER, JOSEPH M. NAME 4.2 NAME 8400 MARLYLAND AVE. STREET ADDRESS 4.3 STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby 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, or on an attaching a with an address. TOREDH M. NOELKER

**FILED** 

May 13 1998 8:00am

Secretary of State