FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:29

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F92000001041 (4)

1. Corporation Name
HILL'S PET NUTRITION, INC.

Principal Place of Business
P.O. BOX 148
TOPEKA KS 66603

Mailing Address
P.O. BOX 148
TOPEKA KS 66603

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 74-1648416 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	VP/ASST. SEC.	☐ Change ☒ Addition
NAME	WHEELER, ROBERT	1.2 NAME	STEVEN K. MORSE	
STREET ADDRESS	400 S.W. 8TH STREET, 7TH FLOOR	1.3 STREET ADDRESS	400 SW 8TH STREET	
CITY-ST-ZIP	TOPEKA KS 66603	1.4 CITY-ST-ZIP	TOPEKA, KS 66603	
TITLE	VD	2.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME	COOLING, WILLIAM G	2.2 NAME	NINA D. GILLMAN	
STREET ADDRESS	300 PARK AVENUE	2.3 STREET ADDRESS	300 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, RICHARD	3.2 NAME		
STREET ADDRESS	400 S.W. 8TH STREET, 7TH FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS 66603	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	MASENTHIN, GREGG	4.2 NAME		
STREET ADDRESS	400 S.W. 8TH STREET, 7TH FLOOR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS 66603	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDGALL, WARREN	5.2 NAME		
STREET ADDRESS	400 S.W. 8TH STREET, 7TH FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS 66603	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, VIRGIL	6.2 NAME		
STREET ADDRESS	400 S.W. 8TH STREET, 7TH FLOOR	6.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS 66603	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with no address.

SIGNATURE: X _____ 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0480100 FN