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FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000001041 (4)

1. Corporation Name

HILL'S PET NUTRITION, INC.

Principal Place of Business

400 SW 8TH STREET
TOPEKA, KS 66603

Mailing Address

P.O. BOX 148
TOPEKA, KS 66601-0148

3. Date Incorporated or Qualified

01/12/93

3a. Date of Last Report

06/25/96

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

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

9. Name and Address of Current Registered Agent

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

SIGNATURE

Signature of person or persons (if registered agent and filer) applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	WHEELER, ROBERT	
STREET ADDRESS	400 SW 8TH ST, 5TH FL	
CITY - ST - ZIP	TOPEKA KS 66603	
TITLE	PRESIDENT	☐ DELETE
NAME	SUTTON, P. DORSET	
STREET ADDRESS	400 SW 8TH ST, 5TH FL	
CITY - ST - ZIP	TOPEKA KS 66603	
TITLE	VICE PRESIDENT/ASST. SEC.	☐ DELETE
NAME	MORSE, STEVEN K.	
STREET ADDRESS	400 SW 8TH ST, 5TH FL	
CITY - ST - ZIP	TOPEKA KS 66603	
TITLE	VICE PRESIDENT/TREASURER	☐ DELETE
NAME	WIENCKOWSKI, RICHARD J.	
STREET ADDRESS	400 SW 8TH ST, 5TH FL	
CITY - ST - ZIP	TOPEKA KS 66603	
TITLE	SECRETARY & DIRECTOR	☐ DELETE
NAME	HENDRY, ANDREW D.	
STREET ADDRESS	300 PARK AVE	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	SR. VICE PRESIDENT/DIRECTOR	☐ DELETE
NAME	STEEL, JOHN E.	
STREET ADDRESS	300 PARK AVE	
CITY - ST - ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***165.00

14. I, the filer, 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 contained in 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 Book 12 or Book 13, changed, or on an attachment with an address.

SIGNATURE: STEVEN K. MORSE, VP/ASST. SEC. 03/24/97 913-368-5610