

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 045 ***150.00

DOCUMENT # F93000003597

1. Entity Name

KRAFT PIZZA COMPANY



Principal Place of Business

% KRAFT FOODS INC.

THREE LAKES DRIVE

NORTHFIELD IL 60093

US

Mailing Address

THREE LAKES DRIVE

TAX DEPT. NF15

NORTHFIELD IL 60093

US

11009306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3520038**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **CZURLYLO, JUDITH H**
STREET ADDRESS **ONE KRAFT COURT**
CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOWRER, JOHN F**
STREET ADDRESS **THREE LAKES DRIVE**
CITY-ST-ZIP **NORTHFIELD IL**

TITLE **VP/T/C - add to title of** ☐ Change ☒ Addition
NAME **John F. Mowrer**
STREET ADDRESS **Three Lakes Drive**
CITY-ST-ZIP **Northfield, IL 60093**

TITLE **AC** ☐ Delete
NAME **PAYNTER, BONITA B.**
STREET ADDRESS **THREE LAKES DRIVE**
CITY-ST-ZIP **NORTHFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **SPEAR, KATHLEEN K**
STREET ADDRESS **THREE LAKES DRIVE**
CITY-ST-ZIP **NORTHFIELD IL 60093**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPAS** ☐ Delete
NAME **HERST, ROBERT L.**
STREET ADDRESS **THREE LAKES DRIVE**
CITY-ST-ZIP **NORTHFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JORDAN, RHONDA L**
STREET ADDRESS **ONE KRAFT CT**
CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Herst

4/22/03

847-646-2053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)