2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F9400000593 04-16-2004 90066 020 ***150.00 DAWN FOOD PRODUCTS, INC. Principal Place of Business Mailing Address 94054031 2021 MICOR DRIVE 2021 MICOR DRIVE JACKSON, MI 49203 JACKSON, MI 49203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 35-1438925 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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. Lam 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TOTAL Addition NAME JONES RONALD L NAME 2021 MICOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSON, MI CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition JONES, MARVEL C NAME NAME STREET ADORESS 2021 MICOR DRIVE STREET ADDRESS CITY-ST-ZIP JACKSON, MI CITY-ST-ZIP TITLE VD Change ☐ Delete TITLE ☐ Addition JONES, MILES E NAME NAME 2021 MICOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSON, MI CITY-ST-ZIP TD THE ▼ Delete TITLE Change Addition Jecome H. Boglien NAME STAELENS, PETER J NAME zozi milar Prive STREET ADDRESS 2021 MICOR DRIVE STREET ADDRESS JACKSON, MI CITY-ST-ZIP Jackson, mx 49203 CITY-ST-7IP Defete TITLE TILLE ☐ Change ☐ Addition NAME NALLY, JOHN C NAME STREET ADDRESS 2021 MICOR DRIVE STREET ADDRESS CITY-ST-ZIP JACKSON, MI CITY-ST-7/P TITLE ☐ Delele TITLE ☐ Change ☐ Addition NAMF . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P

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 of 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C£O

418/04 Date

517-789-4400

Daytime Phone (

FILED