

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 09 1997 8:00am  
Secretary of State

DOCUMENT # F94000000735 (0)

1. Corporation Name  
WEIGHT WATCHERS GOURMET FOOD COMPANY

Principal Place of Business  
HAMDEN CENTER II  
2321 WHITNEY AVENUE  
HAMDEN CT 06518

Mailing Address  
1062 PROGRESS STREET  
PITTSBURGH PA 15212-5931



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1994		3a. Date of Last Report 10/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1122962		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		11 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MC MENAMIN, EDWARD J			12 NAME	Tracy E. Quinn		
STREET ADDRESS	1062 PROGRESS STREET			13 STREET ADDRESS	1062 Progress Street		
CITY-ST-ZIP	PITTSBURGH PA 15212			14 CITY-ST-ZIP	Pittsburgh, PA 15212		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGRATH, MICHAEL R			22 NAME	James E. Traut		
STREET ADDRESS	HAMDEN CENTER II, 2321 WHITNEY AVENUE			23 STREET ADDRESS	1062 Progress Street		
CITY-ST-ZIP	HAMDEN CT 06518			24 CITY-ST-ZIP	Pittsburgh, PA 15212		
TITLE	VP	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, JOSEPH J			32 NAME			
STREET ADDRESS	HAMDEN CENTER II, 2321 WHITNEY AVENUE			33 STREET ADDRESS			
CITY-ST-ZIP	HAMDEN CT 06518			34 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCKMAN, GARY B			42 NAME			
STREET ADDRESS	HAMDEN CENTER II, 2321 WHITNEY AVENUE			43 STREET ADDRESS			
CITY-ST-ZIP	HAMDEN CT 06518			44 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JURKOVICH, GEORGE			52 NAME			
STREET ADDRESS	1301 OBERLIN RD., SW			53 STREET ADDRESS			
CITY-ST-ZIP	MASSILLON OH 44847			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRINGER, WILLIAM C			62 NAME			
STREET ADDRESS	600 GRANT ST., 60TH FLOOR			63 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15219			64 CITY-ST-ZIP			

14. I do 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 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 an address.

SIGNATURE:

James E. Traut

JAMES E. TRAUT

4/23/97

412-232-7608

CR2E034 (9/96)