

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1062 Progress Street Suite, Apt. #, etc. 22 City & State 23 Pittsburgh, PA Zip Country 24 15212 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/15/1994	
4. FEI Number 52-1122962		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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 _____ (NOTE: Registered Agent 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	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, TRACY E	1.2 NAME	Harrison, Neil
STREET ADDRESS	1062 PROGRESS STREET	1.3 STREET ADDRESS	1602 Progress Street
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	Pittsburgh, PA 15212
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUT, JAMES E	2.2 NAME	Puma, Christopher
STREET ADDRESS	1062 PROGRESS ST	2.3 STREET ADDRESS	1602 Progress Street
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	Pittsburgh
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, JOSEPH J	3.2 NAME	Snyder, George
STREET ADDRESS	HAMDEN CENTER II, 2321 WHITNEY AVENUE	3.3 STREET ADDRESS	1602 Progress Street
CITY-ST-ZIP	HAMDEN CT 06518	3.4 CITY-ST-ZIP	Pittsburgh, PA 15212
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCKMAN, GARY B	4.2 NAME	Lupori, Larry
STREET ADDRESS	HAMDEN CENTER II, 2321 WHITNEY AVENUE	4.3 STREET ADDRESS	1602 Progress Street
CITY-ST-ZIP	HAMDEN CT 06518	4.4 CITY-ST-ZIP	Pittsburgh, PA 15212
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURKOVICH, GEORGE	5.2 NAME	
STREET ADDRESS	1301 OBERLIN RD., SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	MASSILLON OH 44647	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, WILLIAM C	6.2 NAME	
STREET ADDRESS	600 GRANT ST., 60TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219	6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E034 (10/97)