

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000000874 (7)**

1. Corporation Name

**NESTLE REFRESHMENTS COMPANY**



Principal Place of Business

Mailing Address

**30003 BAINBRIDGE RD.  
SOLON OH 44139**

**FIVE HIGHRIDGE PARK  
STAMFORD CT 06905  
US**

3. Date Incorporated or Qualified

**02/22/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**34-1672329**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature types or printed name of registered agent and other applicable

(PRINT: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

**CORTI, MARIO A**

STREET ADDRESS

**345 SPEAR ST.**

CITY-STATE-ZIP

**SAN FRANCISCO CA 94105**

TITLE

VT

☐ DELETE

NAME

**JALEN, KENNETH L**

STREET ADDRESS

**30003 BAINBRIDGE RD.**

CITY-STATE-ZIP

**SOLON OH 44139**

TITLE

S

☐ DELETE

NAME

**WYATT, J. DOUGLAS**

STREET ADDRESS

**30003 BAINBRIDGE RD.**

CITY-STATE-ZIP

**SOLON OH 44139**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DIRECTOR**

☐ Change

☒ Addition

1.2 NAME

**PETER ARGENTINE**

1.3 STREET ADDRESS

**508 N. MYRTLE AVE.**

1.4 CITY-STATE-ZIP

**MURRAY, CA 91016**

2.1 TITLE

**ASST. TREASURER**

☐ Change

☒ Addition

2.2 NAME

**DON GIBLIN**

2.3 STREET ADDRESS

**6 LANDMARK SQUARE**

2.4 CITY-STATE-ZIP

**STAMFORD, CT 06902**

3.1 TITLE

**ASST. TREASURER**

☐ Change

☒ Addition

3.2 NAME

**MARK SIEGAL**

3.3 STREET ADDRESS

**15 SOUTH PLACE**

3.4 CITY-STATE-ZIP

**CHARDON, NY**

4.1 TITLE

**ASST. SECRETARY**

☐ Change

☐ Addition

4.2 NAME

**WAYNE ERDELYI**

4.3 STREET ADDRESS

**1200 GALE ROAD**

4.4 CITY-STATE-ZIP

**MORELAND HILLS, OH 44022**

5.1 TITLE

**ASST. TREASURER - TAX**

☐ Change

☐ Addition

5.2 NAME

**E. SINCH JONES**

5.3 STREET ADDRESS

**50 SALAM VAW DRIVE**

5.4 CITY-STATE-ZIP

**RIDGEFIELD, CT 06877**

6.1 TITLE

**ASST. TREASURER**

☐ Change

☐ Addition

6.2 NAME

**ALEXANDER SPITZER**

6.3 STREET ADDRESS

**32 WESTERN ROAD**

6.4 CITY-STATE-ZIP

**WESTON, CT 06883**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/95**

DATE

Daytime Phone #

CR2E034 (12/95)