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FILED

Apr 17 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000001229 (3)

1. Corporation Name

RALSTON FOODS, INC.



Principal Place of Business

**800 MARKET STREET
ST. LOUIS MO 63101
US**

Mailing Address

**ATTN: TAX DEPT 20R
P O BOX 618
ST. LOUIS MO 63188-0618
US**

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 State, 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

4. FEI Number

43-1668051

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PEARCE, R.A.	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MICHELETTI, J.R.	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICHOLS, J A	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SKARIE, D.P.	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TRUAX, G.R.	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, R.W.	
STREET ADDRESS	800 MARKET STREET	
CITY - ST - ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SESCLEIFER, D. J.	
1.3 STREET ADDRESS	800 MARKET STREET	
1.4 CITY - ST - ZIP	ST. LOUIS, MO 63101	
2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHELETTI, J. R.	
2.3 STREET ADDRESS	800 MARKET STREET	
2.4 CITY - ST - ZIP	ST. LOUIS, MO 63101	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TAYLOR, W. E.	
5.3 STREET ADDRESS	800 MARKET STREET	
5.4 CITY - ST - ZIP	ST. LOUIS, MO 63101	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOCKWOOD, R. W.	
6.3 STREET ADDRESS	800 MARKET STREET	
6.4 CITY - ST - ZIP	ST. LOUIS, MO 63101	

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:

W. E. Taylor

W. E. TAYLOR, VICE-PRESIDENT

04/04/97

314/877-7114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)