FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001342 (4)**

1. Corporation Name

DOSKOCIL SPECIALTY BRANDS COMPANY

Principal Place of Business	Mailing Address
MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402	MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2030 Iowa Ave	26 P.O Box 26724
Suite, Apt. #, etc. 22 Bldg C-100	Suite, Apt. #, etc. 27 Attn: Tax Dept.
City & State 23 Riverside CA	City & State 28 Oklahoma City OK
Zip 24 92507-2468 Country 25	Zip 29 73126 Country 30

4. FEI Number: 41-1564761 ☐ 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	10. Name and Address of New Registered Agent
C T 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 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 of current registered agent and the typed name) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	11 TITLE	D	☒ Change ☐ Addition
NAME	~~LUISO, ANTHONY~~	12 NAME	R. Randolph Devening	
STREET ADDRESS	~~3424 W. CALHOUN PKWY~~	13 STREET ADDRESS	2601 NW Expressway	
CITY ST ZIP	~~MINNEAPOLIS MN~~	14 CITY ST ZIP	Oklahoma City OK	
TITLE	~~VD~~	21 TITLE	D	☒ Change ☐ Addition
NAME	~~JOHNSON, JAY I~~	22 NAME	Horst O. Sieben	
STREET ADDRESS	~~110 BANK STREET S.E. #403~~	23 STREET ADDRESS	2601 NW Expressway	
CITY ST ZIP	~~MINNEAPOLIS MN~~	24 CITY ST ZIP	Oklahoma City OK	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ROBERT S	32 NAME		
STREET ADDRESS	22586 BEAR CREEK DR.	33 STREET ADDRESS		
CITY ST ZIP	MURRITTA CA	34 CITY ST ZIP		
TITLE	~~VD~~	41 TITLE	VP T	☒ Change ☐ Addition
NAME	~~COCROFT, DUNCAN H~~	42 NAME	Bryant P. Bynum	
STREET ADDRESS	~~495 HIGHCROFT ROAD~~	43 STREET ADDRESS	2601 NW Expressway	
CITY ST ZIP	~~WAYZATA MN~~	44 CITY ST ZIP	Oklahoma City OK	
TITLE	~~V~~	51 TITLE	VP C AS	☒ Change ☐ Addition
NAME	~~BAKER, RICHARD A~~	52 NAME	William L. Brady	
STREET ADDRESS	~~712 SAN DIEGO LN.~~	53 STREET ADDRESS	2601 NW Expressway	
CITY ST ZIP	~~PLACENTIA CA~~	54 CITY ST ZIP	Oklahoma City OK	
TITLE	~~V~~	61 TITLE	D S	☒ Change ☐ Addition
NAME	~~MANION, JANE~~	62 NAME	Darian B. Andersen	
STREET ADDRESS	~~1793 JONQUIL LANE N.~~	63 STREET ADDRESS	2601 NW Expressway	
CITY ST ZIP	~~PLYMOUTH MN~~	64 CITY ST ZIP	Oklahoma City OK	

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)(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 L Brady William L. Brady 405-879-5500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0497849 FP