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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000001513 (0)**

1. Corporation Name
INTERBAKE FOODS INC.

Principal Place of Business	Mailing Address
2821 EMERYWOOD PKWY SUITE 210 RICHMOND VA 23294-3727	2821 EMERYWOOD PKWY SUITE 210 RICHMOND VA 23294-3726

3. Date Incorporated or Qualified: 03/25/1994 — 3a. Date of Last Report: 02/02/1996

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) — Country (25) — Zip (29) — Country (30)

4. FEI Number: 22-1837640 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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 (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAXTER, RAYMOND A	1.2 NAME	
STREET ADDRESS	5709 ROCKPORT LANDING PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLOTHIAN VA	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DURLACHER, PAUL D	2.2 NAME	
STREET ADDRESS	1295 DOVER CREEK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANAKIN-SABOT VA	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NIEMEYER, DONALD R	3.2 NAME	
STREET ADDRESS	13201 HOLLYHOCK CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DESJARDINS, PAUL M	4.2 NAME	
STREET ADDRESS	1800 VINCENNES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODLE, E.L. JR	5.2 NAME	
STREET ADDRESS	12005 HORNCASTLE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	~~PEARCE, EARL R~~	6.2 NAME	DONALD G. REID
STREET ADDRESS	22 ST CLAIR AVENUE EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO CA	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I/we 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: Paul M DesJardins PAUL M. DesJardins 3-14-97 (804) 526-3425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496941