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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
2821 EMERYWOOD PKWY
SUITE 210
RICHMOND VA 23294-3727

Mailing Address
2821 EMERYWOOD PKWY
SUITE 210
RICHMOND VA 23294-3727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1994

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 22-1837640 | | Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 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

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 _____
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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAXTER, RAYMOND A | 1.2 NAME | |
| STREET ADDRESS | 8709 ROCKPORT LANDING PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIDLOTHIAN VA | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | Y <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REID, DONALD G. | 6.2 NAME | |
| STREET ADDRESS | 22 ST CLAIR AVENUE EAST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TORONTO CA | 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 *Paul M Desjardins* Paul M. DESJARDINS 1-27-98 (204) 576-3425

CR2E034 (10/97)