

DOCUMENT # F94000001593  
1. Entity Name  
BEN & JERRY'S HOMEMADE, INC.

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*(The following information was obtained from a review of the file maintained by the FBI Office at New York City under NY File No. 100-89674.)*

|                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business                          | Mailing Address                                      |
| 30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 | 30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 |
| 2. Principal Place of Business                       | 3. Mailing Address                                   |
| Suite, Apt. #, etc.                                  | Suite, Apt. #, etc.                                  |

|              |  |              |  |                                                           |  |                                       |
|--------------|--|--------------|--|-----------------------------------------------------------|--|---------------------------------------|
| City & State |  | City & State |  | 4. FEI Number<br><b>03-0267543</b>                        |  | Applied For                           |
| Zip          |  | Country      |  | 5. Certificate of Status Desired <input type="checkbox"/> |  | Not Applicable                        |
|              |  |              |  |                                                           |  | <b>\$8.75</b> Additional Fee Required |

| 6. Name and Address of Current Registered Agent                              | 7. Name and Address of New Registered Agent        |             |
|------------------------------------------------------------------------------|----------------------------------------------------|-------------|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name                                               |             |
|                                                                              | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                              |                                                    |             |
|                                                                              | City                                               | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Salvina Amenda-Gray SALVINA AMENDA-GRAY 7/15/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing agent)  
DATE

|                                                                                                                                                              |                                                                                                                                                           |                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p><b>FILE NOW!!! FEE IS \$550.00</b><br/> <b>After September 12, 2001 Fee will be \$750.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                                             |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOP<br>ODAK, PERRY D<br>30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President CEO<br>Yves Couette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFOS<br>RATHKE, FRANCES<br>30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President - CFO<br>Stuart Wiles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENDERSON, JENNIFER<br>30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000007015570--0<br>-08/09/02--01020--004<br>****300.00 ****300.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCD<br>GOHEN, BEN<br>30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FURMAN, JEFF<br>124 WESTFIELD DRIVE<br>ITHACA NY 14850 <input checked="" type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>GREENFIELD, JERRY<br>30 COMMUNITY DRIVE<br>SOUTH BURLINGTON VT 05403-6828 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                           |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** 