

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90150 008 \*\*\*150.00

**DOCUMENT # F94000001879**

1. Entity Name

Dean Pickle and Specialty Products Company

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

857-897 School Place

Suite, Apt. #, etc.

3. Mailing Address

2515 McKinney Avenue

Suite, Apt. #, etc.

Suite 1200

City & State

Green Bay, WI

City & State

Dallas, TX

Zip

54307

Country

USA

Zip

75201

Country

USA

4. FEI Number

39-0318390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME Herman Graffunder  
STREET ADDRESS 2515 McKinney Avenue, Suite 1200  
CITY-ST-ZIP Dallas, TX 75201

TITLE DVS  
NAME Michelle P. Goolsby  
STREET ADDRESS 2515 McKinney Avenue, Suite 1200  
CITY-ST-ZIP Dallas, TX 75201

TITLE V  
NAME James R. Greisinger  
STREET ADDRESS 857-897 School Place  
CITY-ST-ZIP Green Bay, WI 54307

TITLE V  
NAME Willis R. Kemp  
STREET ADDRESS 2515 McKinney Avenue, Suite 1200  
CITY-ST-ZIP Dallas, TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willis R. Kemp

Date

4/24/02

Daytime Phone #

214.303.3400

CR2E034B (12/01)