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 FEB 28 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002557 (6)**

1. Corporation Name
RASKAS FOODS, INC.

Principal Place of Business	Mailing Address
165 NORTH MERAMEC SUITE 200 ST LOUIS MO 63105	165 NORTH MERAMEC SUITE 200 ST LOUIS MO 63105

DO NOT WRITE IN THIS SPACE.

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)

3. Date Incorporated or Qualified: **05/17/1994**
3a. Date of Last Report: **INITIAL REPORT**
4. FEI Number: **43-1548636** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RASKAS, HESCHEL J	12 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	13 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	LYONS, SIMCHA G	22 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	23 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	RASKAS, STANLEY I	32 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	33 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	THIBEAULT, EDWARD D	42 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	43 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SCHEUERMAN, RICHARD R	52 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	53 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	54 CITY-ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COKER, RICHARD N	62 NAME	
STREET ADDRESS	165 NORTH MERAMAC, STE 200	63 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	64 CITY-ST-ZIP	

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 added to the report with an address.

SIGNATURE: _____ RICHARD R. SCHEUERMAN 2/8/95 (314) 727-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — VICE PRESIDENT — Title — Daytime Phone #

C48773 FP