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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 # 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 63105-3780

3. Date Incorporated or Qualified: **05/17/1994**
3a. Date of Last Report: **07/03/1996**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip
30: Country

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 _____ (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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RASKAS, HESCHEL J		1.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, SIMCHA G		2.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RASKAS, STANLEY I		3.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THIBEAULT, EDWARD D		4.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHEUERMAN, RICHARD R		5.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COKER, RICHARD N		6.2 NAME		
STREET ADDRESS	165 NORTH MERAMAC, STE 200		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 in an attachment with an address.

SIGNATURE: _____ Richard R. Scheuerman Vice President 4/14/97 (314) 727-9992