

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90161 016 ***150.00

DOCUMENT # F94000002557

1. Entity Name
RASKAS FOODS, INC.



Principal Place of Business
**165 NORTH MERAMEC #300
ST LOUIS MO 63105**

Mailing Address
**165 NORTH MERAMEC #300
ST LOUIS MO 63105**

2. Principal Place of Business
425 Pine St.

3. Mailing Address
425 Pine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Green Bay, WI

City & State
Green Bay, WI

4. FEI Number **43-1548636**

Applied For
Not Applicable

Zip
54301-5137

Country
USA

Zip
54301-5137

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert J. Pruess, ROBERT J. PRUESS, TREASURER 3-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **RASKAS, HESCHEL J**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **President & Director** ☐ Change ☒ Addition
NAME **David P. Późniak**
STREET ADDRESS **425 Pine St.**
CITY-ST-ZIP **Green Bay, WI 54301-5137**

TITLE **VSD** ☒ Delete
NAME **LYONS, SIMCHA G**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **Secretary & Director** ☐ Change ☒ Addition
NAME **Brian P. Liddy**
STREET ADDRESS **425 Pine St.**
CITY-ST-ZIP **Green Bay, WI 54301-5137**

TITLE **TD** ☒ Delete
NAME **RASKAS, STANLEY I**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Robert J. Pruess**
STREET ADDRESS **425 Pine St.**
CITY-ST-ZIP **Green Bay, WI 54301-5137**

TITLE **V** ☒ Delete
NAME **THIBEAULT, EDWARD D**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **Director** ☐ Change ☒ Addition
NAME **Richard H. Thompson**
STREET ADDRESS **425 Pine St.**
CITY-ST-ZIP **Green Bay, WI 54301-5137**

TITLE **V** ☒ Delete
NAME **SCHEUERMAN, RICHARD R**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **COKER, RICHARD N**
STREET ADDRESS **165 NORTH MERAMAC, STE 200**
CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PRUESS, ROBERT J. PRUESS, TREASURER 3/31/03 920-437-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)