

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

**FILED**  
**Jul 01, 2003 8:00 am**  
**Secretary of State**

07-01-2003 90040 007 \*\*\*550.00

<b>DOCUMENT # F94000002725</b>	
1. Entity Name <b>SHAPIRO PACKING COMPANY, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**90140538**

2. Principal Place of Business <b>P.O. BOX 119</b> Suite, Apt. #, etc. <b>P.O. BOX 119</b> City & State <b>AUGUSTA GA</b> Zip <b>30903</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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**DO NOT WRITE IN THIS SPACE**

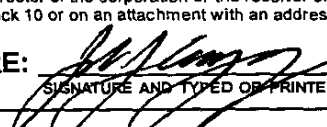
<b>DO NOT WRITE IN THIS SPACE</b>	
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4. FEI Number <b>58-0525293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

7. Name and Address of Current Registered Agent Name <b>MCMENAMY, WILLIAM B</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 N. LAURA ST., STE. 2925</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32202</b>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LEGER, FRANCOIS 1356 OVERBROOK ROAD WYNEWOOD, PA 19096-3633</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP DEAN, JEROME 1110 RED ROSE LANE VILLANOVA, PA 19085</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST COGGINS, JOHN J. 1220 BRENTFORD LANE MALVERN, PA</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GINADER, GEORGE 300 BARR HARBOR DR, STE 600 W CONSHOHOCKEN, PA 19428</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PELINO, JOHN 300 BARR HARBOR DR, STE 600 W CONSHOHOCKEN, PA 19428</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED LOTMAN, HERBERT 300 BARR HARBOR DR, STE 600 W CONSHOHOCKEN, PA 19428</b>	TITLE 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 on an attachment with an address, with all other-like empowered.			
SIGNATURE: 	<b>JOHN J. COGGINS</b>	4/24/03	610-668-6742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment #



**KEYSTONE FOODS**



90140538  
F94000002725

Five Tower Bridge  
300 Barr Harbor Drive, Suite 600  
West Conshohocken, PA 19428-2998  
(610) 668-6742 • Fax (610) 667-2966

June 27, 2003

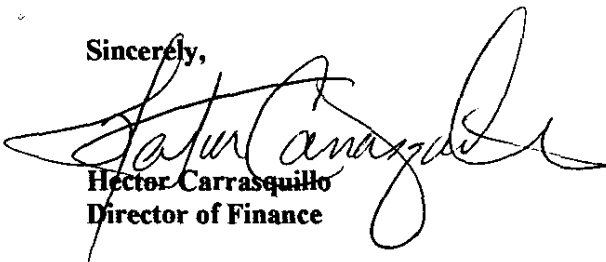
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Enclosed please find the following:

- 2003 Florida Uniform Business Report

Please acknowledge receipt of this letter by signing the enclosed copy of this letter and returning it in the enclosed self-addressed stamped envelope.

Sincerely,



Hector Carrasquillo  
Director of Finance

/gs  
Enclosure

Certified # 7001 1940 0000 2776 6891

Received: \_\_\_\_\_