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 APR 19 AM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004075 (7)**

1. Corporation Name
MULTIFOODS DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402	MULTIFOODS TOWER BOX 2942 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 41-1617580 ☐ 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 S. PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	JOHNSON, JAY I	1.2 NAME		
STREET ADDRESS	110 BANK ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55414	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COCROFT, DUNCAN H	2.2 NAME		
STREET ADDRESS	495 HIGHCROFT RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BONVINO, FRANK W	3.2 NAME		
STREET ADDRESS	5518 W. HIGHWOOD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55436	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, KIM M	4.2 NAME		
STREET ADDRESS	3430 OAKTON DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55305	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	C	☐ Change ☒ Addition
NAME	LUISO, ANTHONY	5.2 NAME		
STREET ADDRESS	3424 W. CALHOUN PARKWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55416	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	KEENAN, TIMOTHY J	6.2 NAME		
STREET ADDRESS	555 LAUREL AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN 55102	6.4 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 changed, or on an attachment with an address.

SIGNATURE: [signature] D. R. Johnson/Asst. Treasurer 4/13/95 612-340-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487849 FP

FA4100004675

MULTIFOODS SPECIALTY DISTRIBUTION, INC.
Multifoods Tower, Box 2942
Minneapolis, Minnesota 55402

List of Officers and Directors

Officers

1.	Anthony Luiso	Chairman of the Board
2.	Jay I. Johnson	Vice Chairman of the Board
3.	D. Bruce Kean	President
4.	Duncan H. Cocroft	Vice President - Finance
5.	John E. Sampson	Vice President
6.	Frank W. Bonvino	Secretary
7.	Kim M. Erickson	Treasurer
8.	Dennis R. Johnson	Assistant Treasurer
9.	Timothy J. Keenan	Assistant Secretary
10.	Doris K. Turra	Assistant Secretary

Directors

Anthony Luiso
Jay I. Johnson
Duncan H. Cocroft

	Home Address	S.S. #
1.	401 S. 1st St., #1811, Minneapolis, MN 55401	093-34-7320
2.	110 Bank Street S.E. #403, Mpls., MN 55414	528-52-1217
3.	567 Fox Hunt Circle, Highlands Ranch, CO 80126	140-32-3945
4.	1117 Marquette Ave., #2406, Mpls., MN 55402	039-26-9605
5.	6612 Gleason Terrace, Edina, MN 55439	506-52-5500
6.	5518 West Highwood Drive, Edina, MN 55436	079-32-7228
7.	3430 Oakton Drive, Minnetonka, MN 55305	473-68-6373
8.	12700 Killdeer Street NW, Coon Rapids, MN 55448	484-70-1016
9.	555 Laurel Avenue, St. Paul, MN 55102	480-60-1077
10.	14620 - 13th Place North, Plymouth, MN 55447	477-78-3603