

4-26-97 B-54871 C  
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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000004075 (7)

1. Corporation Name

MULTIFOODS SPECIALTY DISTRIBUTION, INC.

Principal Place of Business

MULTIFOODS TOWER  
BOX 2942  
MINNEAPOLIS MN 55402

Mailing Address

MULTIFOODS TOWER  
BOX 2942  
MINNEAPOLIS MN 55402-0942

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

04/09/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 V ☒ DELETE  
NAME SAMPSON, JOHN E.  
STREET ADDRESS 6612 GLEASON TERRACE  
CITY-STATE-ZIP EDINA MN

1.1 TITLE Chairman of the Board ☐ Change ☒ Addition  
1.2 NAME Gary E. Costley  
1.3 STREET ADDRESS 33 South Sixth Street  
1.4 CITY-STATE-ZIP Minneapolis, MN 55402

TITLE T ☒ DELETE  
NAME COCROFT, DUNCAN H  
STREET ADDRESS 495 HIGHCROFT RD.  
CITY-STATE-ZIP WAYZATA MN

2.1 TITLE President ☐ Change ☒ Addition  
2.2 NAME D. Bruce Kean  
2.3 STREET ADDRESS 33 South Sixth Street  
2.4 CITY-STATE-ZIP Minneapolis, MN 55402

TITLE S ☒ DELETE  
NAME BONVINO, FRANK W  
STREET ADDRESS 5518 W. HIGHWOOD DR.  
CITY-STATE-ZIP EDINA MN 55436

3.1 TITLE Executive Vice President ☐ Change ☒ Addition  
3.2 NAME Robert F. Maddocks  
3.3 STREET ADDRESS 33 South Sixth Street Minneapolis, MN 55402  
3.4 CITY-STATE-ZIP

TITLE AT ☒ DELETE  
NAME JOHNSON, DENNIS R.  
STREET ADDRESS 12700 KILLDEER STREET NW  
CITY-STATE-ZIP COON RAPIDS MN

4.1 TITLE Treasurer ☐ Change ☒ Addition  
4.2 NAME Anthony T. Brausen  
4.3 STREET ADDRESS 33 South Sixth Street, Minneapolis, MN 55402  
4.4 CITY-STATE-ZIP Asst. Secretary

TITLE C ☒ DELETE  
NAME LUISO, ANTHONY  
STREET ADDRESS 3424 W. CALHOUN PARKWAY  
CITY-STATE-ZIP MINNEAPOLIS MN

5.1 TITLE Doris K. Tuura ☐ Change ☒ Addition  
5.2 NAME 33 South Sixth Street  
5.3 STREET ADDRESS Minneapolis, MN 55402  
5.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE  
NAME KEENAN, TIMOTHY J  
STREET ADDRESS 555 LAUREL AVE.  
CITY-STATE-ZIP ST. PAUL MN 55102

6.1 TITLE Assistant Treasurer ☐ Change ☒ Addition  
6.2 NAME Dennis R. Johnson  
6.3 STREET ADDRESS 33 South Sixth Street  
6.4 CITY-STATE-ZIP Minneapolis, MN 55402

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; 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

612-340-5300

CR2E034 (9/96)