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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004158 (1)**

1. Corporation Name
MOORMAN'S, INC.

Principal Place of Business
**1000 NORTH 30TH STREET
QUINCY IL 62305-3115**

Mailing Address
**1000 NORTH 30TH STREET
QUINCY IL 62305-3115**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/10/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 37-1328117	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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	1.1 TITLE	VB
NAME	FOSTER, MICHAEL J	1.2 NAME	SOLLBERGER, DENNIS D.
STREET ADDRESS	1000 NORTH 30TH ST.	1.3 STREET ADDRESS	1000 NORTH 30TH ST.
CITY-ST-ZIP	QUINCY IL	1.4 CITY-ST-ZIP	QUINCY, IL 62301
TITLE	AS	2.1 TITLE	
NAME	CRECELIUS, DAVID B	2.2 NAME	
STREET ADDRESS	1000 NORTH 30TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCKENNA, THOMAS M	3.2 NAME	
STREET ADDRESS	1000 NORTH 30TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	GUTZMANN, FREDERICK W.	4.2 NAME	
STREET ADDRESS	1000 NORTH 30TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY IL	4.4 CITY-ST-ZIP	
TITLE	VDST	5.1 TITLE	VDST
NAME	MELLIERE, ALVIN L	5.2 NAME	MELLIERE, ALVIN L.
STREET ADDRESS	1000 NORTH 30TH ST.	5.3 STREET ADDRESS	1000 NORTH 30TH ST.
CITY-ST-ZIP	QUINCY IL	5.4 CITY-ST-ZIP	QUINCY, IL 62301
TITLE	D	6.1 TITLE	D
NAME	LUNT, TERRY W	6.2 NAME	LUNT, TERRY W.
STREET ADDRESS	1000 NORTH 30TH ST.	6.3 STREET ADDRESS	1000 NORTH 30TH ST.
CITY-ST-ZIP	QUINCY IL	6.4 CITY-ST-ZIP	QUINCY, IL 62301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address.

SIGNATURE:

Michael J. Foster REQUIRED

1/29/98 (217) 222-7100

CR2E034 (10/97)