2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000004730

1. Entity Name
THE ICEE COMPANY OF DELAWARE

Principal Place of Business	Mailing Address
4701 AIRPORT DR. ONTARIO, CA 91761-7817	4701 AIRPORT DR. ONTARIO, CA 91761-7817

01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2499371
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ U00000783082 01/15/08-80100-016 150.00
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHREIBER, GERALD B
STREET ADDRESS	6000 CENTRAL HWY.
CITY-ST-ZIP	PENNSAUKEN, NJ 08109
TITLE	STD
NAME	MOORE, DENNIS G
STREET ADDRESS	6000 CENTRAL HWY.
CITY-ST-ZIP	PENNSAUKEN, NJ 08109
TITLE	VP
NAME	GALLOWAY, KENT
STREET ADDRESS	4701 AIRPORT DR
CITY-ST-ZIP	ONTARIO, CA
TITLE	P
NAME	FACHNER, DANIEL
STREET ADDRESS	4201 AIRPORT DR
CITY-ST-ZIP	ONTARIO, CA 91761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kent Galloway Kent Galloway VP/CFO 909-350-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #