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FILED
Apr 16 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 # F94000005028 (5)

1. Corporation Name

RALSTON FOOD SALES, INC.

Principal Place of Business

800 MARKET STREET
ST LOUIS MO 63101
US

Mailing Address

ATTN: TAX DEPT 28R
P O BOX 618
ST LOUIS MO 63188-0618
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

04/29/1996

4. FEI Number

43-1668054

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

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

Signature of person or persons authorized to sign and file (Applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☒ DELETE
NAME	PEARCE, R A	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	☐ DELETE
NAME	SKARIE, D P	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	CFOV	☐ DELETE
NAME	MICHELETTO, J R	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	☐ DELETE
NAME	LOCKWOOD, R W	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	AS	☐ DELETE
NAME	MULLEN, L M	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	☒ DELETE
NAME	OVIATT, T C	
STREET ADDRESS	800 MARKET STREET	
CITY-ST-ZIP	ST LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	☐ Change ☒ Addition
12 NAME	TAYLOR, W. E.	
13 STREET ADDRESS	800 MARKET STREET	
14 CITY-ST-ZIP	ST. LOUIS, MO 63101	☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	CEO	☒ Change ☐ Addition
32 NAME	MICHELETTO, J. R.	
33 STREET ADDRESS	800 MARKET STREET	
34 CITY-ST-ZIP	ST. LOUIS, MO 63101	☒ Change ☐ Addition
41 TITLE	SD	
42 NAME	LOCKWOOD, R. W.	
43 STREET ADDRESS	800 MARKET STREET	
44 CITY-ST-ZIP	ST. LOUIS, MO 63101	☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	T	☐ Change ☒ Addition
62 NAME	SESCLEIFER, D. J.	
63 STREET ADDRESS	800 MARKET STREET	
64 CITY-ST-ZIP	ST. LOUIS, MO 63101	

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt on 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 if changed, or on an attachment with an address.

SIGNATURE:

W. E. TAYLOR, VICE-PRESIDENT

04/04/97

314/877-7114

CR2E034 (9/96)