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 25 AM 9: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005478 (2)**

1. Corporation Name

PILLSBURY BAKERIES & FOODSERVICE, INC.

Principal Place of Business	Mailing Address
200 S. 6TH ST. MINNEAPOLIS MN 55402	200 S. 6TH ST. MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report:
4. FEI Number: 41-0853115 ☐ 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
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

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
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	P	11 TITLE	☐ Change ☐ Addition
NAME	OLIVER, PAUL	12 NAME	
STREET ADDRESS	200 S. SIXTH ST.	13 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JENKO, JEROME	22 NAME	
STREET ADDRESS	200 S. SIXTH ST.	23 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	KLEIN, BARBARA	32 NAME	
STREET ADDRESS	200 S. SIXTH ST.	33 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	HAEFNER, BRIDGET	42 NAME	
STREET ADDRESS	200 S. SIXTH ST.	43 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	OLESON, STAN	52 NAME	
STREET ADDRESS	200 S. SIXTH ST.	53 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LESLIE	62 NAME	
STREET ADDRESS	200 S. SIXTH ST.	63 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55402	64 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)(k), 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: Leslie R. Johnson, Asst. Treasurer 4/20/95 612.330.5096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0385180 CP