


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**


01-10-2005 90024 037 \*\*\*150.00

<b>DOCUMENT # F95000000209</b> 1. Entity Name <b>NESTLE PREPARED FOODS COMPANY</b>																																																																																																																																													
Principal Place of Business <b>30003 BAINBRIDGE ROAD SOLON, OH 44139</b>			Mailing Address <b>MERRITTVIEW 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851 US</b>																																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																											
City & State		City & State																																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number <b>23-0671120</b>																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																										
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																											
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12. I 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 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.																																																																																																																																													
<b>SIGNATURE:</b> <i>Mark Siegal</i> <b>MARK SIEGAL</b> <b>1/6/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																													

10000114



01042005 Chg-P CR2E034 (10/03)

ATTACHMENT # F95000000209  
 Nestlé  
40000114

**Nestlé USA**

MERRITTVIEW  
383 MAIN AVENUE, 4th FLOOR  
NORWALK, CT 06851

TEL (203) 750-7234

January 6, 2005

Corporation Reporting:	NESTLE PREPARED FOODS
State Reporting	FLORIDA
Return Enclosed	ANNUAL REPORT
Year:	2005
Remittance Enclosed	\$150.00
Refund Due:	\$0.00
Credit to 2005	\$0.00

Please refer all correspondence concerning the enclosed return to : Donald J. Lewis/  
Senior State Tax manager. Also please acknowledge receipt of this return on the second  
copy of this letter. A self-addressed stamped envelope has been enclosed for your convenience

In the future, please forward all Corporation Income and Franchise Tax Return Forms to:  
NESTLE PREPARED FOODS  
c/o Nestle Holdings, Inc  
383 Main Avenue  
Norwalk, CT 06851