

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000209

FILED
Jan 20, 2009
Secretary of State

Entity Name: NESTLE PREPARED FOODS COMPANY

Current Principal Place of Business:

30003 BAINBRIDGE ROAD
SOLON, OH 44139

New Principal Place of Business:

Current Mailing Address:

MERRITVIEW
383 MAIN AVENUE, 5TH FLOOR
NORWALK, CT 06851 US

New Mailing Address:

FEI Number: 23-0671120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IANTOSCA, ANGELO
Address: 30003 BAINBRIDGE ROAD
City-St-Zip: SOLON, OH 44139

Title: V () Delete
Name: MORSEFIELD, DALE
Address: 30003 BAINBRIDGE ROAD
City-St-Zip: SOLON, OH 44139

Title: S () Delete
Name: FERIOI, WILLIAM
Address: 800 NORTH BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

Title: T () Delete
Name: GOSLINE, DON W
Address: 800 NORTH BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

Title: AT () Delete
Name: DAVIS, MICHAEL
Address: 383 MAIN AVENUE 5TH FL
City-St-Zip: NORWALK, CT 06851

Title: AT () Delete
Name: PASETSKY, ALAN
Address: 383 MAIN AVENUE 5TH FL
City-St-Zip: NORWALK, CT 06851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: KIRSCHENBAUM, GARY
Address: 383 MAIN AVE 5TH FL
City-St-Zip: NORWALK, CT 06851

Title: S (X) Change () Addition
Name: JACKMAN, JONATHAN
Address: 800 NORTH BRAND BLVD
City-St-Zip: GLENDALE, CA 91203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PASETSKY

AT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date