

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90047 038 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000004561**

1. Corporation Name  
**RYAN FOODS COMPANY**

Principal Place of Business  
**100 E. CHESTNUT ST.  
 MURRAY KY 42071**

Mailing Address  
**100 E. CHESTNUT ST.  
 MURRAY KY 42071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>09/05/1996</b>	
4. FEI Number <b>61-0562264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, DANIEL E</b>	
STREET ADDRESS	<b>100 E. CHESTNUT ST.</b>	
CITY-ST-ZIP	<b>MURRAY KY 42071</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>TRAWICK, WILLIAM F</b>	
STREET ADDRESS	<b>100 E. CHESTNUT ST.</b>	
CITY-ST-ZIP	<b>MURRAY KY 42071</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMANAMAN, WILLIAM R</b>	
STREET ADDRESS	<b>3600 N. RIVER RD.</b>	
CITY-ST-ZIP	<b>FRANKLIN PARK IL 60131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, HOWARD M</b>	
STREET ADDRESS	<b>3600 N. RIVER RD.</b>	
CITY-ST-ZIP	<b>FRANKLIN PARK IL 60131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAVENCROFT, THOMAS A</b>	
STREET ADDRESS	<b>3600 N. RIVER RD.</b>	
CITY-ST-ZIP	<b>FRANKLIN PARK IL 60131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, RICHARD E</b>	
STREET ADDRESS	<b>3600 N RIVER ROAD</b>	
CITY-ST-ZIP	<b>FRANKLIN PARK IL 60131</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **X [Signature]** **4/06/1999** **847-233-5281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

545670-90047-38

F96000004561

**Attachment to 1999 Florida Corporation Annual Report for  
Ryan Foods Company (FEIN: 61-0562264)  
Document No.: F9600004561**

**Additional Officers of Ryan Foods Company for the Front Page of the 1999  
Florida Corporation Annual Report.**

**Officers:**

CFO

Hyatt, Charles  
100 E. Chestnut Street  
Murray, KY 42071

AT

Mann, John  
3600 N. River Road  
Franklin Park, IL 60131

S

Kleber, Dale E.  
3600 N. River Road  
Franklin Park, IL 60131

T

Hitchcock, Cameron C.  
3600 N. River Road  
Franklin Park, IL 60131