## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ DOCUMENT # **F96000004713** May 21, 2000 8:00 am 1. Entity Name Secretary of State THE HARWOOD COMPANIES, INC. 05-21-2000 90007 047 \*\*\*150.00 Principal Place of Business POÁRA LEE CORPORATION, 3 1ST NATIONAL PLAZ %SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ CHICAGO IL 60602 CHICAGO IL 60602 NUUJUETT 2. Principal Place of Business 3. Mailing Address Suite, 50 SARA LEE CORP. 🍟 🗦 DO NOT WRITE IN THIS SPACE TAXiiteDEPTic City & State THREE FIRST NATIONAL Physical Page 1 Applied For 4. FEI Number 36-4103172 Not Applicable ILLINOIS 60602-4261 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent proporation Service C T CORPORATION SYSTEM Street Address (P.Q. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Stree PLANTATION FL 33324 Zip Code **3230** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE PALMORE, RODERICK A NAME NAME STREET ADDRESS **%SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 DVS ☐ Change ☐ Addition ☐ Delete TITLE KLEEMAN, R HENRY NAME NAME STREET ADDRESS **%SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 **X** Addition TITLE Donald L. Meier KELLY, JANET L --% Sara Lee Cop 3 1st Natil-NAME NAME %SARA LEE CORPORATION, 3 1ST NATIONAL PLAZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chicago III CITY-ST-ZIP CHICAGO IL 60602 Treasurer /VP ☐ Change Delete. TITLE Addition Oberrender Robert W. PORTER, LEON JR NAME 40 Sara Lee Corp. 3 18+ Nat' 1 **%SARA LEE CORPORATION. 3 1ST NATIONAL PLAZ** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chicago, IL 60602 CITY-ST-ZIP CHICAGO IL 60602 TITLE TITLE Assistant Addition SCHREIBMAN, DAVID E NAME Some Lee Cop 3 1st Nati STREET ADDRESS **%SARA LEE CORPORATION. 3 1ST NATIONAL PLAZ** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CHICAGO IL 60602 TITLE AS ☐ Delete TITLE Change ■ Addition CARR, THERESE NAME NAME STREET ADDRESS STREET ADDRESS. 3 FIRST NATIONAL PLAZA

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CHICAGO IL 60602

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

312-726-2600

Daytime Phone #