

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004797 (4)**

1. Corporation Name

**HEALTH VALLEY COMPANY**

Principal Place of Business

**135 SOUTH LASALLE STREET #3800  
CHICAGO IL 60603**

Mailing Address

**135 SOUTH LASALLE STREET #3800  
CHICAGO IL 60603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/18/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 16100 Foothill Blvd.**

2a. Mailing Address

**26 16100 Foothill Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**95-4575073**

Applied For

Not Applicable

City & State

**23 Irwindale, CA**

City & State

**28 Irwindale, CA**

Zip

Country

Zip

Country

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ 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

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PT

☐ DELETE

NAME

**VOSS, WILLIAM R**

STREET ADDRESS

**135 SOUTH LASALLE STREET, #3800**

CITY - ST - ZIP

**CHICAGO IL 60603**

TITLE

VS

☒ DELETE

NAME

**KATZ, DAVID S**

STREET ADDRESS

**135 SOUTH LASALLE STREET, #3800**

CITY - ST - ZIP

**CHICAGO IL 60603**

TITLE

D

☒ DELETE

NAME

**MCCENRY, ROGER S**

STREET ADDRESS

**135 SOUTH LASALLE STREET, #3800**

CITY - ST - ZIP

**CHICAGO IL 60603**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

*Diane J. Beardsley*

8/12/97

(626)334-3241

CR2E034 (4/97)