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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006216 (3)**

1. Corporation Name
RITE FOODS, INC.

Principal Place of Business

**500 E STREET
BOSTON MA 02210**

Mailing Address

**500 E STREET
BOSTON MA 02210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

04-2217510

Applied For
Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 to be applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE
NAME **PETERSIEL, PAUL S**
STREET ADDRESS **500 E STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE **S** ☒ DELETE
NAME **PETERSIEL, LOUISE**
STREET ADDRESS **500 E STREET**
CITY-ST-ZIP **BOSTON MA**

TITLE **D** ☐ DELETE
NAME **PETERSIEL, HARVEY J**
STREET ADDRESS **500 E STREET**
CITY-ST-ZIP **BOSTON MA 02210**

TITLE **D** ☐ DELETE
NAME **KLEIN, HOWARD**
STREET ADDRESS **1300 FACTORY PL**
CITY-ST-ZIP **LOS ANGELES CA 90013**

TITLE **D** ☐ DELETE
NAME **RADAR, DONALD**
STREET ADDRESS **1300 FACTORY PL**
CITY-ST-ZIP **LOS ANGELES CA 90013**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **SELBY, MICHAEL**
1.3 STREET ADDRESS **230 ORCHARD HOUSE #07-236 FABER HOUSE**
1.4 CITY-ST-ZIP **SINGAPORE 0923**

2.1 TITLE **DVP** ☐ Change ☒ Addition
2.2 NAME **RON SHAW**
2.3 STREET ADDRESS **500 E STREET**
2.4 CITY-ST-ZIP **BOSTON, MA 02210**

3.1 TITLE **DVP** ☒ Change ☐ Addition
3.2 NAME **PETERSIEL, HARVEY J**
3.3 STREET ADDRESS **500 E STREET**
3.4 CITY-ST-ZIP **BOSTON, MA 02210**

4.1 TITLE **PTD** ☒ Change ☐ Addition
4.2 NAME **KLEIN, HOWARD**
4.3 STREET ADDRESS **1300 FACTORY PLACE**
4.4 CITY-ST-ZIP **LOS ANGELES, CA 90013**

5.1 TITLE **DVP** ☒ Change ☐ Addition
5.2 NAME **RADER, DONALD**
5.3 STREET ADDRESS **1300 FACTORY PLACE**
5.4 CITY-ST-ZIP **LOS ANGELES, CA 90013**

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **WILLEY, ALBERT B**
6.3 STREET ADDRESS **500 E STREET**
6.4 CITY-ST-ZIP **BOSTON, MA 02210**

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.

SIGNATURE

Sandra B. Mortham Secretary

04/28/98 (617)426-1144

CR2E034 (10/97)