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FILED  
May 15 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 # F97000001082 (3)

1. Corporation Name  
RALCORP HOLDINGS, INC.

Principal Place of Business

PO BOX 618  
ST. LOUIS MO 63188-0618

Mailing Address

PO BOX 618  
ST. LOUIS MO 63188-0618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1997	
21 800 MARKET STREET		26 ATTN: TAX DEPT - 29R		4. FEI Number 43-1766315	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 P.O. BOX 618		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 ST. LOUIS, MO		28 ST. LOUIS, MO		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 63101	25 US	29 63188-0618	30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	CEOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELETTO, JOE R	1.2 NAME	MICHELETTO, J. R.
STREET ADDRESS	800 MARKET, STE. 2900	1.3 STREET ADDRESS	800 MARKET STREET
CITY-ST-ZIP	ST. LOUIS MO 63101	1.4 CITY-ST-ZIP	ST. LOUIS, MO 63101
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, ROBERT W	2.2 NAME	
STREET ADDRESS	800 MARKET, STE. 2900	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63101	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIDHAM, SUSAN P	3.2 NAME	TAYLOR, W. E.
STREET ADDRESS	800 MARKET, STE. 2900	3.3 STREET ADDRESS	800 MARKET STREET
CITY-ST-ZIP	ST. LOUIS MO 63101	3.4 CITY-ST-ZIP	ST. LOUIS, MO 63101
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, JAMES A	4.2 NAME	SESCLEIFER, D. J.
STREET ADDRESS	800 MARKET, STE. 2900	4.3 STREET ADDRESS	800 MARKET STREET
CITY-ST-ZIP	ST. LOUIS MO 63101	4.4 CITY-ST-ZIP	ST. LOUIS, MO 63101
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKARIE, DAVID P	5.2 NAME	STIRITZ, W. P.
STREET ADDRESS	800 MARKET, STE. 2900	5.3 STREET ADDRESS	800 MARKET STREET
CITY-ST-ZIP	ST. LOUIS MO 63101	5.4 CITY-ST-ZIP	ST. LOUIS, MO 63101
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, RONALD D	6.2 NAME	DANFORTH, W. H.
STREET ADDRESS	800 MARKET, STE. 2900	6.3 STREET ADDRESS	800 MARKET STREET
CITY-ST-ZIP	ST. LOUIS MO 63101	6.4 CITY-ST-ZIP	ST. LOUIS, MO 63101

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:

*W. E. Taylor*

W. E. TAYLOR, VICE-PRESIDENT

04/15/98

314/877-7114

CR2E034 (10/97)