

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005026

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: HALLMARK SWEET, INC.

## Current Principal Place of Business:

49 PEARL STREET  
ATTLEBOROUGH, MA 02703

## New Principal Place of Business:

## Current Mailing Address:

ONE COOKSON PLACE  
PROVIDENCE, RI 02903

## New Mailing Address:

C/O COOKSON AMERICA, INC.  
ONE COOKSON PLACE  
PROVIDENCE, RI 02903

FEI Number: 05-0401094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: POWERS, RICHARD V  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: DVC ( ) Delete  
Name: SMITH, RICHARD H  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: VPAT ( ) Delete  
Name: PECHAK, MARK J  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: VPT ( ) Delete  
Name: CARR, JAMES E  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: D ( ) Delete  
Name: DEMICHELE, LAWRENCE  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: AS ( ) Delete  
Name: OJEDA, JO ELLEN  
Address: ONE COOKSON PLACE  
City-St-Zip: PROVIDENCE, RI 02903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT (X) Change ( ) Addition  
Name: MICHELETTI, ROBERT J  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: DEMICHELE, LAWRENCE  
Address: 49 PEARL STREET  
City-St-Zip: ATTLEBOROUGH, MA 02703

Title: AS (X) Change ( ) Addition  
Name: RAY, TYLER T  
Address: ONE COOKSON PLACE  
City-St-Zip: PROVIDENCE, RI 02903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYLER T. RAY

AS

03/09/2007

Electronic Signature of Signing Officer or Director

Date