

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003445

1. Entity Name
NANCY'S SPECIALTY FOODS, INC.

Principal Place of Business

6500 OVERLAKE PLACE
NEWARK CA 94560

Mailing Address

6500 OVERLAKE PLACE
NEWARK CA 94560

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-2768718

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DIAMOND, STEVE	
STREET ADDRESS	707 SKOKIE BLVD #600	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EASTMAN, JOHN	
STREET ADDRESS	707 SKOKIE BLVD. #600	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, PAUL	
STREET ADDRESS	6500 OVERLAKE PLACE	
CITY-ST-ZIP	NEWARK CA 94560	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WOODWARD, GORDON	
STREET ADDRESS	707 SKOKIE BLVD., #600	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SALTMAN, MICHAEL	
STREET ADDRESS	707 SKOKIE BLVD. #600	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	LOCOVOLA, CHRIS	
STREET ADDRESS	707 SKOKIE BLVD. #600	
CITY-ST-ZIP	NORTHBROOK IL 60062	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BOB KROLL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6500 OVERLAKE PLACE	
STREET ADDRESS	NEWARK, CA. 94560	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL M. SMITH

Date

2/7/02 (570) 494-1100

Daytime Phone #

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90099 005 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)