

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90039 022 ***150.00

DOCUMENT # F99000004581

1. Entity Name
DEAN FOODS BUSINESS SERVICES COMPANY

Principal Place of Business

3600 N. RIVER ROAD
FRANKLIN PARK IL 60131

Mailing Address

3600 N. RIVER ROAD
FRANKLIN PARK IL 60131

2. Principal Place of Business

2515 McKinney Avenue

Suite, Apt. #, etc.

Suite 1200

City & State

Dallas, TX

Zip

75201

Country

USA

3. Mailing Address

2515 McKinney Avenue

Suite, Apt. #, etc.

Suite 1200

City & State

Dallas, TX

Zip

75201

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4144800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	DEAN, HOWARD M	
STREET ADDRESS	3600 N. RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICHARD E	
STREET ADDRESS	3600 N. RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, BARBARA A	
STREET ADDRESS	3600 N. RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MCELROY, MICHAEL E	
STREET ADDRESS	3600 N. RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KLEBER, DALE E	
STREET ADDRESS	3600 N. RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LUEGERS, WILLIAM M	
STREET ADDRESS	3600 N RIVER ROAD	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle P. Goolsby	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis R. Kemp	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela B. Miro	
STREET ADDRESS	2515 McKinney Avenue, Suite 1200	
CITY-ST-ZIP	Dallas, TX 75201	
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		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willis R. Kemp

4/10/02
 Date

214-303-3400
 Daytime Phone #

CR2E034 (9/01)