2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of ~~State~~

DOCUMENT # F99000005100

1. Entity Name
QUAKER SALES & DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
321 NORTH CLARK STREET STE 25-3 CHICAGO, IL 60610	C/O PEPSICO INC, 700 ANDERSON HILL RD TAX DEPT 1/3 138 PURCHASE, NY 10577

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4308689
☐ 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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HEAXISIDE, TIMOTHY W
STREET ADDRESS	700 ANDERSON HILL ROAD
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	D
NAME	SHARPE, ROBERT F
STREET ADDRESS	321 NORTH CLARK STREET
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	VT
NAME	BAUBOS, RENEE
STREET ADDRESS	700 ANDERSON HILL RD
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	VS
NAME	NORSE, BRIAN M
STREET ADDRESS	700 ANDERSON HILL RD
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	V
NAME	MCGILL, SARAH
STREET ADDRESS	700 ANDERSON HILL RD
CITY-ST-ZIP	PURCHASE, NY 10577
TITLE	V
NAME	WELCH, MICHAEL
STREET ADDRESS	321 NORTH CLARK STREET
CITY-ST-ZIP	CHICAGO, IL 60610

U00000136953
04/29/04-80021-015 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/16/04 (914) 253-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #