2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000005100

QUAKER SALES & DISTRIBUTION, INC.



Principal Place of Business

321 NORTH CLARK STREET

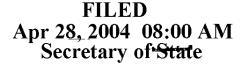
STE 25-3

CHICAGO, IL 60610

Mailing Address

C/O PEPSICO INC, 700 ANDERSON HILL RD

TAX DEPT 1/3 138 PURCHASE, NY 10577





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—Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered			required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees)** *, ** \$ -
10. OFFICERS AND DIRE	CTORS			
NAME HEAXISIDE, TIMOTHY W STREET ADDRESS CITY-ST-ZIP PURCHASE, NY 10577		:		U00000136953 04/29/04-80021-015 150.00
NAME SHARPE, ROBERT F STREET ADDRESS 321 NORTH CLARK STREET CHICAGO, IL 60610				
TITLE VT NAME BAUBOS, RENEE STREET ADDRESS 700 ANDERSON HILL RD PURCHASE, NY 10577			DO	NOT WRITE
TITLE VS NAME NORSE, BRIAN M STREET ADDRESS CITY-ST-ZIP PURCHASE, NY 10577			IN '	THIS SPACE
NAME MCGILL, SARAH STREET ADDRESS CITY-ST-ZIP PURCHASE, NY 10577				
TITLE V NAME WELCH, MICHAEL STREET ADDRESS 321 NORTH CLARK STREET CHICAGO, IL 60610				
12. Thereby 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Profice Statutes. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR