

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005100

FILED  
May 01, 2006  
Secretary of State

Entity Name: QUAKER SALES & DISTRIBUTION, INC.

## Current Principal Place of Business:

C/O PEPSICO, INC.  
TAX 1/3 138  
PURCHASE, NY 10577

## New Principal Place of Business:

## Current Mailing Address:

C/O PEPSICO INC, 700 ANDERSON HILL RD  
TAX DEPT 1/3 138  
PURCHASE, NY 10577

## New Mailing Address:

FEI Number: 36-4308689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TAMONEY, THOMAS H JR.  
Address: 700 ANDERSON HILL ROAD  
City-St-Zip: PURCHASE, NY 10577

Title: D ( ) Delete  
Name: COX, ROBERT E  
Address: 321 NORTH CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: VP T ( ) Delete  
Name: GARBUS, RENEE  
Address: 700 ANDERSON HILL RD  
City-St-Zip: PURCHASE, NY 10577

Title: VP S ( ) Delete  
Name: NURSE, BRIAN M  
Address: 700 ANDERSON HILL RD  
City-St-Zip: PURCHASE, NY 10577

Title: VP ( ) Delete  
Name: SALCITO, THOMAS  
Address: 700 ANDERSON HILL RD  
City-St-Zip: PURCHASE, NY 10577

Title: V (X) Delete  
Name: LIGUORI, JOSEPH  
Address: 700 ANDERSON HILL ROAD  
City-St-Zip: PURCHASE, NY 10577

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: THOMAS SALCITO

VP

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date