

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005100

FILED
Apr 30, 2007
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

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

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:

I hereby certify that the information supplied with this filing does not qualify 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

AT

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date