2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F99000005100

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 VP 04/29/2008

Electronic Signature of Signing Officer or Director — Date