

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002089
1. Entity Name
 ICE CREAM PARTNERS USA, LLC

(Principal Place of Business) 12647 ALCOSTA BLVD SUITE 300 SAM RAMON, CA 94583	(Mailing Address) NESTLE HOLDINGS INC 383 MAIN AVENUE NORWALK, CT 06851
--	---

2. Principal Place of Business 12647 ALCOSTA BLVD Suite, Apt. #, etc. SUITE 300	3. Mailing Address 383 MAIN AVENUE Suite, Apt. #, etc.
---	---

City & State SAM RAMON, CA	City & State NORWALK, CT	4. FEI Number 34-1905818	Applied For <input type="checkbox"/> Not Applicable
Zip 94583	Country	Zip 06851	Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL. 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

1100329311-0
 -06/12/00--01113--012
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete PETER ARGENTINE <i>mbr</i> 800 NORTH BRAND BLVD <i>mbr</i> GLENDALE CA 91203 <i>mbr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete PAUL WALSH <i>mbr</i> 200 SOUTH SIXTH STREET <i>mbr</i> MINNEAPOLIS, MN 55402 <i>mbr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete JAMES DINTAMAN <i>mbr</i> 800 NORTH BRAND BLVD <i>mbr</i> GLENDALE CA, 91203 <i>mbr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete ANDREW BRADLEY <i>mbr</i> CASE POSTALE 353 <i>mbr</i> 1800 VEVEY SWIZERLAND <i>mbr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/MANAGER <input type="checkbox"/> Delete RUPERT GASSER <i>mbr</i> CASE POSTALE 353 <i>mbr</i> 1800 VEVEY SWIZERLAND <i>mbr</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER <input type="checkbox"/> Delete RORY DELANEY <i>mbr</i> 200 SOUTH SIXTH STREET <i>mbr</i> MINNEAPOLIS, MN 55402 <i>mbr</i>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OF OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOB BRIGGS 200 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD DASCAL PASCHAL 12647 ALCOSTA BLVD SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUMAN RESOURCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHELLE DURMECK 12647 ALCOSTA BLVD SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL CRONE 12467 ALCOSTA BLVD SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. DOUGLAS WYATT 30003 BAINBRIDGE OLON, OH 44139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK SIEGAL 383 MAIN AVENUE NORWALK, CT 06851

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark Siegal* MARK SIEGAL **3/21/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)