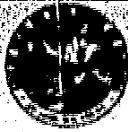


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01871

(3)

1. Corporation Name

ARNOLD FOODS COMPANY, INC.

Principal Place of Business

INTERNATIONAL PLAZA
P O BOX 8000
ENGLEWOOD CLIFFS NJ 07632

Mailing Address

INTERNATIONAL PLAZA
P O BOX 8000
ENGLEWOOD CLIFFS NJ 07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1984

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FED Number

06-1107087

Applied For

Not Applicable

State Apt # etc

22

State Apt # etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City

24

State

25

City

29

State

30

8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent must be signed)

(Signature of person accepting appointment as registered agent must be signed)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

CP
LANGDON, J.J.
100 PASSAIC AVE.
FAIRFIELD NJ

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

VP
ECHSNER, T. K
100 PASSAIC AVE.
FAIRFIELD NJ

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

S
REGNAULT, P. M
100 PASSAIC AVE.
FAIRFIELD NJ

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
BERMAN, D.C.
100 PASSAIC AVE.
FAIRFIELD NJ

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
LOSCHMANN, C. W
100 PASSAIC AVE.
FAIRFIELD NJ

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

I
STEFANY, W.
100 PASSAIC AVE
FAIRFIELD NJ

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an alternate form with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-27-95 (201) 808-3000