FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01871 (3)

1. Corporation Name

ARNOLD FOODS COMPANY, INC.

Principal Place of Business	Mailing Address
INTERNATIONAL PLAZA P O BOX 8000 ENGLEWOOD CLIFFS NJ 07632	INTERNATIONAL PLAZA P O BOX 8000 ENGLEWOOD CLIFFS NJ 07632

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)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 06-1107087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, 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 607.0502 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LANGDON, J.J.
STREET ADDRESS	100 PASSAIC AVE.
CITY-ST-ZIP	FAIRFIELD NJ
TITLE	VP
NAME	ECHSNER, T, K
STREET ADDRESS	100 PASSAIC AVE.
CITY-ST-ZIP	FAIRFIELD NJ
TITLE	S
NAME	REGNAULT, P, M
STREET ADDRESS	100 PASSAIC AVE.
CITY-ST-ZIP	FAIRFIELD NJ
TITLE	VD
NAME	BERMAN, D.C.
STREET ADDRESS	100 PASSAIC AVE.
CITY-ST-ZIP	FAIRFIELD NJ
TITLE	VD
NAME	LOSCHMANN, C, W
STREET ADDRESS	100 PASSAIC AVE.
CITY-ST-ZIP	FAIRFIELD NJ
TITLE	T
NAME	STEFANY, W.
STREET ADDRESS	100 PASSAIC AVE
CITY-ST-ZIP	FAIRFIELD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X D.C. Berman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4.27.95 (201) 808-3000
Date / Daytime Phone #

0394700 FP