

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P07816 (2)

1. Corporation Name
HENRY'S PICKLE COMPANY, INC.



Principal Place of Business: 1430 WESTERN AVENUE PLYMOUTH IN 46563-8095
Mailing Address: 1430 WESTERN AVENUE PLYMOUTH IN 46563-8095

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/22/1985	3a. Date of Last Report 04/14/1995
21. Subst. Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-1637889	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____
Signature typed or printed and of registered agent or trustee, applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: GREISINGER, JAMES R. STREET ADDRESS: 857 SCHOOL PLACE CITY-ST-ZIP: GREEN BAY WI	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: DEAN, HOWARD M. STREET ADDRESS: 3600 RIVER ROAD CITY-ST-ZIP: FRANKLIN PARK IL	1.2 NAME	
TITLE: S	NAME: BLANCHARD, ERIC A. STREET ADDRESS: 3600 RIVER ROAD CITY-ST-ZIP: FRANKLIN PARK IL	1.3 STREET ADDRESS	54307
TITLE: T	NAME: HECOX, DALE I. STREET ADDRESS: 3600 RIVER ROAD CITY-ST-ZIP: FRANKLIN PARK IL	1.4 CITY-ST-ZIP	
TITLE: AT	NAME: LONG, MARGARET STREET ADDRESS: 3600 NORTH RIVER ROAD CITY-ST-ZIP: FRANKLIN PARK IL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.2 NAME	
TITLE: [DELETED]		2.3 STREET ADDRESS	60131
TITLE: [DELETED]		2.4 CITY-ST-ZIP	
TITLE: [DELETED]		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.2 NAME	
TITLE: [DELETED]		3.3 STREET ADDRESS	300001740063
TITLE: [DELETED]		3.4 CITY-ST-ZIP	-03/12/96--01090--011 60131
TITLE: [DELETED]		4.1 TITLE	***200.00
TITLE: [DELETED]		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.3 STREET ADDRESS	
TITLE: [DELETED]		4.4 CITY-ST-ZIP	60131
TITLE: [DELETED]		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [DELETED]		5.2 NAME	V
TITLE: [DELETED]		5.3 STREET ADDRESS	MCMANAMAN, WILLIAM R.
TITLE: [DELETED]		5.4 CITY-ST-ZIP	3600 N. RIVER ROAD
TITLE: [DELETED]		6.1 TITLE	FRANKLIN PARK, IL 60131
TITLE: [DELETED]		6.2 NAME	D
TITLE: [DELETED]		6.3 STREET ADDRESS	ROSE, THOMAS L.
TITLE: [DELETED]		6.4 CITY-ST-ZIP	3600 N. RIVER ROAD
TITLE: [DELETED]			FRANKLIN PARK, IL 60131

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: *[Signature]* 2/23/96 (847) 678-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)

Attachment to 1996 Florida Corporation Annual Report for
Henry's Pickle Company, Inc. (FEIN: 35-1637889)
Document No.: P07816 (2)

Additional Directors of Henry's Company, Inc. for the Front Page of the 1996
Florida Corporation Annual Report.

Directors:

D
Ravencroft, Thomas A.
3600 N. River Road
Franklin Park, IL 60131