FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 MAY -1 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BURNS PHILP FOOD INC

DOCUMENT #
P10648 (4)

C/O BURNS PHILP TAX DEPT
222 SUTTER ST ~~7TH FLR~~
SAN FRANCISCO CA 94108-0445
US

PHILP
C/O BURNS ~~PHILP~~ TAX DEPT
222 SUTTER ST ~~7TH FLR~~
SAN FRANCISCO CA 94108-4445
US

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21	26
22 9TH FLOOR	27 9TH FLOOR
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 05/01/1993
4. FEI Number: 22-2723920 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199 032 Florida Statutes XXX 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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________ DATE ______________
Registered Agent Accepting Appointment — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	
NAME	CLACK, IAN	
STREET ADDRESS	~~222 SUTTER ST., 7TH FL~~	222 SUTTER ST., 9TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA	94108
TITLE	V/D	
NAME	WILSON, DAVID N.	
STREET ADDRESS	1420 HARBOR BAY PKWY 210	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	V/D	
NAME	EDWARDS, GARY M.	
STREET ADDRESS	~~5000 EX PKY. STE. #575~~	206 FABRICATOR DRIVE
CITY-ST-ZIP	~~SAN FRANCISCO CA~~	FENTON, MO 63026
TITLE	V/D	
NAME	STEPHENS, J FRANK	
STREET ADDRESS	222 SUTTER ST., 7TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	~~VD~~	V/D
NAME	~~KEELEY, RICHARD D.~~	FERRIF ADAM
STREET ADDRESS	~~222 SUTTER ST. 7TH FL~~	222 SUTTER STREET, 9TH FLOOR
CITY-ST-ZIP	~~SAN FRANCISCO FL~~	SAN FRANCISCO, CA 94108
TITLE	S	S/D
NAME	VEGA, LORRAINE E.	
STREET ADDRESS	~~222 SUTTER ST., 7TH FL~~	222 SUTTER STREET, 9TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA	

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****200.00 ****200.00

REMITTED BY MAY 1

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GARY KOOS, ASST. TREASURER 6/24/94 (415) 296-5700
TITLE DATE TELEPHONE