

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90003 014 ***150.00

DOCUMENT # P10724

1. Entity Name
LMSI ACQUISITION CO.

Principal Place of Business 448 VIKING DR Inactive STE. 220 VIRGINIA BCH VA 23452 US	Mailing Address 2 SARA LEE C. 3 FIRST NATIONAL PLAZA CHICAGO IL 60602 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. % SARA LEE CORP. TAX DEPT.	Suite, Apt. #, etc.
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City & State THREE FIRST NATIONAL PLAZA	City & State
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Zip CHICAGO, ILLINOIS 60602-4261	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0612539	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, JAMES 80 INTERNATIONAL DR. GREENVILLE SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIER, DONALD 3 FIRST NATIONAL PLAZA CHICAGO IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNEEN, EDWARD 3 FIRST NATIONAL PLAZA CHICAGO IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZAK, DOUGLAS F. THREE FIRST NATIONAL PLAZA CHICAGO IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAHN, JAMES K. THREE FIRST NATIONAL PLAZA CHICAGO IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas F. Zak **4/26/00** **312-726-2600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)