

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10724

1. Entity Name

LMSI ACQUISITION CO.

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

05-24-2000 90003 014 ***150.00

Principal Place of Business

Mailing Address

448 VIKING DR *Inactive*
 STE. 220
 VIRGINIA BCH VA 23452
 US

2 SARA LEE C. 3 FIRST NATIONAL PLAZA
 CHICAGO IL 60602
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6% SARA LEE CORP. TAX DEPT.

City & State **THREE FIRST NATIONAL PLAZA**

Zip **CHICAGO, ILLINOIS 60602-4261**

Country

4. FEI Number **54-0612539**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARLSON, JAMES	
STREET ADDRESS	80 INTERNATIONAL DR.	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEIER, DONALD	
STREET ADDRESS	3 FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUNNEEN, EDWARD	
STREET ADDRESS	3 FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZAK, DOUGLAS F.	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAHN, JAMES K.	
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

312-726-2600

Daytime Phone #

CR2E034 (9/99)