


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90655 026 ***150.00

DOCUMENT # P10724
1. Entity Name
LMSI ACQUISITION CO.



Principal Place of Business
**C/O SARA LEE CORP TAX DEPT.
CHICAGO IL 60602
US**

Mailing Address
**C/O SARA LEE CORP TAX DEPT.
CHICAGO IL 60602
US**

70028725



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 54-0612539		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARLSON, JAMES			NAME	Roderick A. Palmore		
STREET ADDRESS	80 INTERNATIONAL DR.			STREET ADDRESS	Three First National Plaza		
CITY-ST-ZIP	GREENVILLE SC 29615			CITY-ST-ZIP	Chicago IL 60602-4261		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEIER, DONALD			NAME	R. Henry Kleeman		
STREET ADDRESS	3 FIRST NATIONAL PLAZA			STREET ADDRESS	Three First National Plaza		
CITY-ST-ZIP	CHICAGO IL 60602			CITY-ST-ZIP	Chicago IL 60602-4261		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNNEEN, EDWARD			NAME			
STREET ADDRESS	3 FIRST NATIONAL PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60602			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZAK, DOUGLAS F.			NAME	Marilyn Gerdes		
STREET ADDRESS	THREE FIRST NATIONAL PLAZA			STREET ADDRESS	Three First National Plaza		
CITY-ST-ZIP	CHICAGO IL 60602			CITY-ST-ZIP	Chicago IL 60602-4261		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAHN, JAMES K.			NAME			
STREET ADDRESS	THREE FIRST NATIONAL PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60602			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Mary Nichols		
STREET ADDRESS				STREET ADDRESS	Three First National Plaza		
CITY-ST-ZIP				CITY-ST-ZIP	Chicago IL 60602-4261		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 12.07(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Mary Nichols **MARY NICHOLS** **Mary Nichols** **01-10-03** **312-726-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)