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 # **P11199** **(7)**

1. Corporation Name

THE HAAGEN-DAZS COMPANY, INC.

Principal Place of Business

% THE PILLSBURY COMPANY - TAX DEPARTMENT
THE PILLSBURY CENTER
MINNEAPOLIS MN 55402

Mailing Address

% THE PILLSBURY COMPANY - TAX DEPARTMENT
THE PILLSBURY CENTER
MINNEAPOLIS MN 55402

3. Date Incorporated or Qualified: **08/21/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **22-2472987** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 617.0123 and 617.1536, 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. The change was authorized by the corporation's board of directors. Hereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	NOWELL, LIONEL L		2 NAME	
STREET ADDRESS	200 SOUTH 6T STREET		3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	RUSSETH, RICHARD O.		6 NAME	
STREET ADDRESS	200 SOUTH 6TH STREET		7 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		8 CITY-ST-ZIP	
TITLE	TV	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, JAMES H.		10 NAME	
STREET ADDRESS	GLENPOINTE CENTER EAST		11 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ		12 CITY-ST-ZIP	
TITLE	D	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	WALSH, PAUL S		14 NAME	
STREET ADDRESS	200 SOUTH 6TH STREET		15 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		16 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LESLIE R.		18 NAME	
STREET ADDRESS	200 S. 6TH STREET		19 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		20 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MARINO, DONNA		22 NAME	
STREET ADDRESS	GLENPOINT CENTER EAST		23 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ		24 CITY-ST-ZIP	

14. I (we) hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: X _____ L.R. JOHNSON AST. SEC 3/27/96 612/330-4975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)