## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| AMM  | 1997                                    |   |  | Secreta<br>DIVISION OF                  | ary of State<br>CORPORA    | TIO        | ONS   |             | Secret  | arv         | of S                     | State             |  |
|--|---|---|--|---|----------------------------|------------|---|-------------|---|-------------|--------------------------|-------------------|--|
| •  | MENT # on Name FOODS, INC.              | P1226                                   | 4  | (8)                                     |                            |            |   |             |   |             |                          |                   |  |
| D' I E)                                      | ( )                                     |   |  |   |                            |            | ····  |             |   |             |                          |                   |  |
| THREE LAKES<br>TAX DPET N3E<br>NORTHFIELD II |   | THREE<br>TAX DI<br>NORTI                | Mailing Address THREE LAKES DRIVE TAX DPT. NF15 NORTHFIELD IL 60083 US |   |                            |            | 3. Date Incorporated or Qualified 3a. Date of Last Report       |             |   |             |                          |                   |  |
|  |   |   | US   |   |                            |            |   |             | Date Incorporated or Qualified<br>11/21/1986  |             | ate of Last H<br>)1/1996 | ероп              |  |
| 1  | Place of Business                       | —                                       | 2a. Mailing Address  |   |                            |            |   | FEI Number  | 1   | Aı          | oplied For               |                   |  |
| Suite, Apt                                   | # clc                                   |   | <b>26</b>  | uite, Apt. #, etc.                      | <del></del>                |            |   |             | 36-3083135  |             | <del></del>              | t Applicable      |  |
| 22   |   | 27                                      |  |   |                            |            | 5. Certificate of Status Desired \$8.75 Additional Fee Required |             |   |             |                          |                   |  |
| City & Sta                                   |   |   | 28   | ity & State                             | Coun                       |            |   |             | Election Campaign Financing<br>Trust Fund Contribution                                  |             | \$5.00<br>Added          | May Be<br>to Fees |  |
| Zip  | r1                                      | Country                                 | F3   | Zip                                     |                            |            |   | - 1         | 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes |             |                          |                   |  |
| 24   | 9. Name and                             | Address of Cur                          | 29 <br>rent Register   | ed Agent                                | 30                         |            |   |             | Florida Statutes  Name and Address of New F   |             |                          |                   |  |
| CT (   | CORPORATION                             | SYSTEM                                  |  | , | 1                          | B1         | Name  |             |   |             |                          |                   |  |
|  | D S. PINE ISLAN                         |   |  |   | ļī.                        | B2         | Street Ac   | idress (P.  | O. Box Number is Not Accept   | able)       |                          |                   |  |
| PLA  | ntation FL 333                          | 124                                     |  |   | -                          | B3         |   |             |   |             |                          |                   |  |
|  |   |   |  |   | ['                         |            |   |             |   |             |                          |                   |  |
|  |   |   |  |   | Ī                          | B4         | City  |             | , 1-1-1   | FL          | <b>85</b> Zip            | Code              |  |
| office or<br>agent. La<br>SIGNATURE          | registered agent, cam familiar with, ar | or both, in the Sta<br>nd accept the ob | ate of Florida.<br>ligations of, S                                     | Such change was ection 607.0505, F      | authorized<br>lorida Statu | by<br>ites | the corpo   | ration's b  | n submits this statement for the<br>oard of directors. I hereby acc                     | ept the app | pointment as             | registered        |  |
| 12.  | a a ser altra a line                    |   | AND DIRECTO  |   | 13.                        | -          |   |             | ADDITIONS/CHANGES TO OFF  |             | DIRECTOR                 | RS IN 12          |  |
| TOLLE  | V                                       |   |  | DELETE                                  | 1.1 TITE                   | E          |   |             |   |             | ☐ Change                 | Addition          |  |
| NAME   | CHIASSON, W                             |   |  |   | 1.2 NAM                    |            |   |             |   |             |                          |                   |  |
| STREET ADDRESS                               | THREE LAKES                             |   |  |   |                            |            | ADORESS   |             |   |             |                          |                   |  |
| CITY-ST-ZIP<br>TITLE                         | SVD                                     | <u> </u>                                |  | DELETE                                  | 1.4 CIT<br>2.1 TITL        |            | T-21P   |             |   |             | Change                   | Addition          |  |
| NAME   | COLLIER, CAL                            | VIN J.                                  |  | La Decerte                              | 22 NAM                     |            |   |             |   |             | Change                   | LI CIGGIOSII      |  |
| STREET ADDRESS                               | THEFE LAIVES                            |   |  |   |                            |            | ADDRESS   |             |   |             |                          |                   |  |
| CITY-ST-Z-P                                  | NORTHFIELD                              | L                                       |  |   | 2 4 CIT                    | Y- S       | ST-ZIP  |             |   |             |                          |                   |  |
| TIFLE  | PD                                      | _                                       |  | ☐ DELETE                                | 3.1 TITL                   | E          | Ţ   |             |   |             | Change                   | Addition          |  |
| NAME   | BOWLIN, JOH                             |   |  |   | 3.2 NA                     |            |   | SEE         | SCHEDULE ATTACH   | ED FOR      | CHANG                    | ES                |  |
| STREET ADDRESS                               | THREE LAKES                             |   |  |   |                            |            | ADDRESS   |             | ADDITIONS   |             |                          |                   |  |
| CITY-ST-ZIP<br>TITLE                         | VIC                                     | <u> </u>                                |  | DELETE                                  | 3.4. CIT<br>4.1 TITL       |            | ST-ZIP  |             |   |             | Change                   | Addition          |  |
| NAME.  | MOWRER, JOI                             | AN F                                    |  | L. Dicere                               | 4. 2 NA                    |            |   |             |   |             | C. Onorigo               | ווסוויסטויי ניים  |  |
| STREET ADORESS                               | THE PER LANCE                           |   |  |   | 1                          |            | ADDRESS   |             |   |             |                          |                   |  |
| CiTY-S1-ZiP                                  | NORTHFIELD                              |   |  |   | 4.4 CIT                    |            | 1   |             |   |             |                          |                   |  |
| THILE  | AS                                      |   |  | DELETE                                  | 5.1 TITU                   |            | 1   |             |   |             | Change                   | Addition          |  |
| NAMÉ   | HERST, ROBE                             |   |  |   | 5.2 NAM                    |            |   |             |   |             |                          |                   |  |
| STHEFT ADDRESS                               |   |   |  |   |                            |            | ADDRESS   |             |   |             |                          |                   |  |
| CHY-ST-ZIP                                   | NORTHFIELD                              | <b>L</b>                                |  | DELETE                                  | 5.4 CIT                    |            | T-ZIP   | <del></del> |   |             | Change                   | Addition          |  |
| TITLE<br>NAME                                |   |   |  | Fari Detect                             | 6.1 HILL<br>6.2 NA         |            |   |             |   |             | CT Auditie               | E. Addition       |  |
| STREET ADDRESS                               |   |   |  |   |                            |            | ADDRESS   |             |   |             |                          |                   |  |
| CITY-S1-7IP                                  |   |   |  |   | 6.4 CIT                    |            |   |             |   |             |                          |                   |  |

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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.

4-23-97

847-646-2053

**FILED** 

May 01 1997 8:00am

## KRAFT FOODS, INC. **OFFICERS**

**NAME** 

Robert S. Morrison Chairman & CEO

John D. Bowlin

President & COO. Kraft Foods International

Irene B. Rosenfeld

President, Kraft Foods Canada

Calvin J. Collier

Sr VP, Gen. Csl. & Secretary

Bryan G. Stockton

Exec VP & President NA Foodservice

Terry Faulk

Sr VP, Human Resources

William B. Chiasson

Sr VP, Finance & Systems

John Ruff

Sr VP, Technology QA & Sci Rel, KFNA

Paula A. Sneed

Sr. VP, Marketing Services

James P. Dollive

Sr. VP, Strategy

Philip F. Pellegrino

Sr. VP, Sales & Customer Services

Todd C. Brown

Executive VP & GM Desserts & Snacks

Kathleen K. Spear

VP & Dep. Gen. Cnsl.

John F. Mowrer

VP, Controller, Treasurer

Frank T. Toscano

Sr VP Finance & Adm., Kraft Foods Int'l

Richard G. Searer

Exec VP & GM Oscar Mayer Foods

Bonita B. Paynter

Asst. Controller

OFFICE ADDRESS

Three Lakes Drive Northfield IL 60093

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95 Moatfield Drive Don Mills, ON M3C 315

Canada

Three Lakes Drive Northfield IL 60093

One Kraft Court Glenview IL 60025

Three Lakes Drive Northfield IL 60093

Three Lakes Drive Northfield IL 60093

Three Lakes Drive Northfield, 1L 60093

Three Lakes Drive Northfield, IL 60093

Three Lakes Drive Northfield, IL 60093

Three Lakes Drive Northfield, IL 60093

250 North Street White Plains, NY 10625

Three Lakes Drive Northfield IL 60093

Three Lakes Drive Northfield IL 60093

800 Westchester Avenue Rye Brook, NY 10573

910 Mayer Avenue Madison, WI 53704

Three Lakes Drive Northfield IL 60093 Sandra L. Herrick Asst. Controller

Bernard J. Kocanda Asst. Controller

James R. Craigie Executive VP & GM Beverages

Robert A. Eckert Group Vice President

Ann M. Fudge Executive VP & GM Maxwell House

Mary Kay Haben Executive VP Pizza

Lawrence J. Gundrum Sr VP Logistics, KF Operations

Betsy D. Holden Executive VP & GM Kraft Cheese

Carl M. Johnson Executive VP & GM Meals

David S. Johnson Executive VP & GM Pizza

Mark Lecki Executive VP & GM Post

Harold D. Heck, Jr. Asst. Secretary

Robert L. Herst Asst. Secretary

Deborah L. Galvin Asst. Secretary

Edward J. Moy Asst. Secretary

Conal E. Murray Asst. Secretary

Martin D. Gorman Asst. Secretary

Robert P. Steele Asst. Secretary Three Lakes Drive Northfield IL 60093

84 NE Loop 410 Suite 410 San Antonio, TX 78216

250 North Street White Plains, NY 10625

920 Mayer Avenue Madison, WI 53704

250 North Street White Plains, NY 10625

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Three Lakes Drive Northfield, IL 60093

One Kraft Court Glenview, IL 60025

One Kraft Court Glenview, IL 60025

One Kraft Court Glenview, IL 60025

250 North Street White Plains, NY 10625

800 Westchester Ave. Rye Brook, NY 10573

Three Lakes Drive Northfield IL 60093

Three Lakes Drive Northfield, IL 60093

800 Westchester Ave. Rye Brook, NY 10573

250 North Street White Plains NY 10625

250 North Street White Plains, NY 10625

910 Mayer Avenue Madison, WI 53704 Wilbur F. Pell III Asst. Secretary Three lakes Drive Northfield, IL 60093

## **DIRECTORS**

John D. Bowlin

Calvin J. Collier

Robert A. Eckert

Robert S. Morrison

Eduard J. Moy

Three Lakes Drive Northfield IL 60093

Three Lakes Drive Northfield IL 60093

920 Mayer Avenue Madison WI 53704

Three Lakes Drive Northfield IL 60093

800 Westchester Avenue Rye Brook, NY 10573