## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13933

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

55 PARADISE LN

LACCHIN, LOUISE

55 PARADISE LN

55 PARADISE LN

BAY SHORE, NY 11706

BAY SHORE, NY 11706

MQUFINGL, RICHARD

BAY SHORE, NY 11706

( ) Delete

( ) Delete

Entity Name: ENTENMANN'S, INC.

FILED Apr 14, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
55 PARADI BAYSHORI	SE LN E, NY 11706	US		ESS CENTER 1, PA 19044	R DRIVE US	
Current Mailing Address:			New Maili	New Mailing Address:		
55 PARADI	SE LANE E, NY 11706	US	2821 EMER STE 401	RYWOOD PAF	RKWAY	
BATOHON	L, 141 11700			D, VA 23294	US	
FEI Number:	22-1772005	FEI Number Applied For ( )	El Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Age					lew Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () COWLES, JOHN 55 PARADISE LN BAY SHORE, NY	l	Title: Name: Address: City-St-Zip:	PRINCE, GARY	CENTER DRIVE	
Title: Name: Address: City-St-Zip:		Delete LLIAM	Title: Name: Address: City-St-Zip:	VP (X PETERSON, W	) Change()Addition /ILLIAM S CENTER DRIVE	
Title: Name: Address: City-St-Zip:	S () [ SELIGMAN, SHE 55 PARADISE LA BAYSHORE, NY	NE	Title: Name: Address: City-St-Zip:	SELIGMAN, SH	CENTER DRIVE	
Title: Name:	VPT ()[ LEE, RICK	Delete	Title: Name:	VPT (X	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK LEE VPT 04/14/2009

2821 EMERYWOOOD PARKWAY STE 401

(X) Change ( ) Addition

(X) Change ( ) Addition

RICHMOND, VA 23294

255 BUSINESS CENTER DRIVE

255 BUSINESS CENTER DRIVE

LACCHIN, LOUISE

HORSHAM, PA 19044

MOLLICK, STEPHEN

HORSHAM, PA 19044