

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13933

FILED
Mar 24, 2010
Secretary of State

Entity Name: ENTENMANN'S, INC.

Current Principal Place of Business:

255 BUSINESS CENTER DRIVE
HORSHAM, PA 19044 US

New Principal Place of Business:

Current Mailing Address:

2821 EMERYWOOD PARKWAY
STE 401
RICHMOND, VA 23294 US

New Mailing Address:

FEI Number: 22-1772005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR
STE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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 DIRECTORS:

Title: P
Name: PRINCE, GARY
Address: 255 BUSINESS CENTER DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: VP
Name: PENNY, ALFRED
Address: 255 BUSINESS CENTER DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: S
Name: SELIGMAN, SHELLY
Address: 255 BUSINESS CENTER DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: VPT
Name: LEE, RICK
Address: 2821 EMERYWOOD PARKWAY STE 401
City-St-Zip: RICHMOND, VA 23294

Title: T
Name: MILLER, DARRELL
Address: 255 BUSINESS CENTER DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: D
Name: MOLLICK, STEPHEN
Address: 255 BUSINESS CENTER DRIVE
City-St-Zip: HORSHAM, PA 19044

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

SIGNATURE: RICK LEE

VPT

03/24/2010

Electronic Signature of Signing Officer or Director

_____ Date