

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90012 024 ***150.00

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1. Entity Name
HICKORY FARMS, INC.



Principal Place of Business

**1505 HOLLAND ROAD
PO BOX 219
MAUMEE, OH 43537**

Mailing Address

**1505 HOLLAND ROAD
PO BOX 219
MAUMEE, OH 43537**



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1533409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
ALIMUMAL, ANWAR
1701 GOLF ROAD TOWER THREE
ROLLING MEADOWS, IL 60008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
WAGNER, MARK J
1505 HOLLAND ROAD
MAUMEE, OH 43537**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LANGDON, JOHN J.
1505 HOLLAND ROAD
MAUMEE, OH 43537**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DYER, ROBERT JR
1701 GOLF ROAD, SUITE 110
ROLLING MEADOWS, IL 60008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KLEIN, JOHN
30 ROCKEFELLER PLAZA, SUITE 4525
NEW YORK, NY 10112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLUMER, TERRY J.
30 ROCKEFELLER PLAZA, SUITE 4525
NEW YORK, NY 10112**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04
Date

419-893-7611
Daytime Phone #