

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15974

FILED
May 01, 2008
Secretary of State

Entity Name: HICKORY FARMS, INC.

Current Principal Place of Business:

1505 HOLLAND ROAD
PO BOX 219
MAUMEE, OH 43537

New Principal Place of Business:

1505 HOLLAND ROAD
219
MAUMEE, OH 43537

Current Mailing Address:

1505 HOLLAND ROAD
PO BOX 219
MAUMEE, OH 43537

New Mailing Address:

1505 HOLLAND ROAD
219
MAUMEE, OH 43537

FEI Number: 34-1533409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALIMUMAL, ANWAR
Address: 2300 N BARRINGTON RD STE 400
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: CFOV () Delete
Name: SWARTZBELK, GARY A
Address: 1505 HOLLAND ROAD
City-St-Zip: MAUMEE, OH 43537

Title: P () Delete
Name: LANGDON, JOHN J
Address: 1505 HOLLAND ROAD
City-St-Zip: MAUMEE, OH 43537

Title: D () Delete
Name: DYER, ROBERT JR
Address: 6 LAKESIDE LANE
City-St-Zip: BARRINGTON, IL 60010

Title: D () Delete
Name: KLEIN, JOHN
Address: 12 E 49TH STREET 36TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: BLUMER, TERRY J
Address: 12 E 49TH ST 36TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ANNE MEYER

POA

05/01/2008

Electronic Signature of Signing Officer or Director

Date