2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15974

Entity Name: HICKORY FARMS, INC.

FILED May 05, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1505 HOLLAND ROAD				1505 HOLLAND ROAD		
219 MAUMEE,	OH 43537			MAUMEE,	OH 43537	
Current Mailing Address:				New Mailing Address:		
1505 HOLLAND ROAD				1505 HOLLAND ROAD		
219 MAUMEE, OH 43537				MAUMEE, OH 43537		
FEI Number:	: 34-1533409	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:
1200 S. PII PLANTATI The above	ORATION SYS NE ISLAND RO ION, FL 33324 Inamed entity e of Florida.	DAD I US	urpose o	of changing i	ts registered (office or registered agent, or both
SIGNATUF						<u> </u>
		nic Signature of Registered Age	rit.			Date
Election Car	npaign rinancin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	ALIMUMAL, AN 2300 N BARRII) Delete WAR NGTON RD STE 400 'ATES, IL 60195		Title: Name: Address: City-St-Zip:	PRES (X RODRIGUEZ, 1505 HOLLAN MAUMEE, OH	D ROAD
Fitle: Name: Address: City-St-Zip:	CFOV (SWARTZBELK 1505 HOLLANI MAUMEE, OH	ROAD		Title: Name: Address: City-St-Zip:	CFO (X MUCCI, MARC 1505 HOLLAN MAUMEE, OH	D ROAD
Title: Name: Address: City-St-Zip:	P (LANGDON, JO 1505 HOLLANI MAUMEE, OH	ROAD		Title: Name: Address: City-St-Zip:	DIR (X RODRIGUEZ, 1505 HOLLAN MAUMEE, OH	D ROAD
Title: Name: Address: City-St-Zip:	D (DYER, ROBER 6 LAKESIDE L BARRINGTON,	ANE		Title: Name: Address: City-St-Zip:	MCELEWEE,	ENTER CIRCLE, STE 470
Title: Name: Address: City-St-Zip:	KLEIN, JOHN	Delete REET 36TH FLOOR Y 10017		Title: Name: Address: City-St-Zip:	FINNEGAN, DA	ENTER CIRCLE, STE 470
Title: Name: Address: City-St-Zip:	D (X BLUMER, TER 12 E 49TH ST NEW YORK, N	36TH FLOOR		Title: Name: Address: City-St-Zip:	() 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC MUCCI CFO 05/05/2009