

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90060 028 \*\*\*150.00

**DOCUMENT # P16305**

1. Entity Name  
**FOOD GROUP, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>60 MADISON AVENUE<br/>         NEW YORK NY 10010</b> | Mailing Address<br><b>60 MADISON AVENUE<br/>         NEW YORK NY 10010</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>13-2653267</b>   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |

|   |  |  |  |  |  |           |          |
|---|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent        |  |  |           |          |
| <b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b><br><b>1406 HAYS STREET</b><br><b>STE. 2</b><br><b>TALLAHASSEE FL 32301</b> |  |  | Name   |  |  |           |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |           |          |
|   |  |  | City   |  |  | <b>FL</b> | Zip Code |
|   |  |  |  |  |  |           |          |

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>AXLEROAD, DONALD</b><br><b>60 MADISON AVENUE</b><br><b>NEW YORK NY 10010</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>GOTTWALS, DAVID S.</b><br><b>3390 AUTOMALL DRIVE</b><br><b>WESTLAKE VILLAGE CA 91362</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>MURPHY, GENEVIEVE</b><br><b>60 MADISON AVENUE</b><br><b>NEW YORK NY 10010</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CFO</b><br><b>TOM MUSCARELLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>60 MADISON AVE</b><br><b>NEW YORK, NY 10010</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>PEARLMAN, PHILIP J</b><br><b>2805 WEST BUSCH BLVD.</b><br><b>TAMPA FL 33618</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>HAGER, ROBERT</b><br><b>2805 WEST BUSCH BLVD.</b><br><b>TAMPA FL 33618</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MUSCARELLO / CFO, 04/24/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 (212) 725-5766

CR2E034 (10/00)