FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23505** (1)

1. Corporation Name
OTIS SPUNKMEYER, INC.

Principal Place of Business	Mailing Address
14390 CATALINA STREET SAN LEANDRO CA 94577	14390 CATALINA STREET SAN LEANDRO CA 94577-5552

2. Principal Place of Business 21 ABOVE	2a. Mailing Address 26 ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/21/1989	3a. Date of Last Report 01/30/1996
4. FEI Number 94-2536513	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CASTINE, BARBARA
7548 CURRENCY DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAWLINGS, LINDA		1.2 NAME		
STREET ADDRESS	412 SCENIC AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PIEDMONT CA		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RAWLINGS, KENNETH		2.2 NAME		
STREET ADDRESS	412 SCENIC AVE.		2.3 STREET ADDRESS	14490 CATALINA ST	
CITY-ST-ZIP	PIEDMONT CA		2.4 CITY-ST-ZIP	SAN LEANDRO, CA 94577	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICKS, STEVE		3.2 NAME		
STREET ADDRESS	14490 CATALINA STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN LEANDRO CA		3.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	4.1 TITLE	CFO	☒ Change ☐ Addition
NAME	MORLOCK, STEVE		4.2 NAME		
STREET ADDRESS	14490 CATALINA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN LEANDRO CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME			5.2 NAME	JOHN SCHIAVO	
STREET ADDRESS			5.3 STREET ADDRESS	14490 CATALINA ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SAN LEANDRO, CA 94577	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen Schiavo Secretary 3/31/97 510-357-9836