

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90127 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P28378

1. Corporation Name
CHURNY COMPANY, INC.



Principal Place of Business
**2211 SANDERS ROAD
 NORTHBROOK IL 60062**

Mailing Address
**C/O KRAFT FOODS, INC./TAX DEPT. NF 15
 THREE LAKES DRIVE
 NORTHFIELD IL 60093**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1990

4. FEI Number
36-1461788

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBETKIN, ROY S	1.2 NAME	Mary Kay Haben
STREET ADDRESS	2215 SANDERS ROAD	1.3 STREET ADDRESS	One Kraft Court
CITY-ST-ZIP	NORTHBROOK IL 60062	1.4 CITY-ST-ZIP	Glenview, IL 60025
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, KATHLEEN K	2.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	2.4 CITY-ST-ZIP	
TITLE	CDVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRER, JOHN F	3.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, BETSY D	4.2 NAME	Mary Kay Haben
STREET ADDRESS	THREE LAKES DRIVE	4.3 STREET ADDRESS	One Kraft Court
CITY-ST-ZIP	NORTHFIELD IL 60093	4.4 CITY-ST-ZIP	Glenview, IL 60025
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, CHRISTOPHER D	5.2 NAME	
STREET ADDRESS	1 KRAFT COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL 60025	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERST, ROBERT L	6.2 NAME	
STREET ADDRESS	THREE LAKES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-21-99 (847) 646-2053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

P 28378
444725-90127-38

CHURNY COMPANY, INC.
OFFICERS

<u>NAME</u>	<u>OFFICE ADDRESS</u>
Mary Kay Haben President	One Kraft Court Glenview, IL 60025
Raymond J. Herrmann VP & Asst. Secretary	Three Lakes Drive Northfield, IL 60093
Christopher Doherty VP & Asst. Secretary	Kraft Court Glenview, IL 60025
John F. Mowrer VP, Treas. & Controller	Three Lakes Drive Northfield, IL 60093
Kathleen Kelly Spear VP & Secretary	Three Lakes Drive Northfield, IL 60093
Bonita B. Paynter Assistant Controller	Three Lakes Drive Northfield, IL 60093
Robert L. Herst Asst. Secretary	Three Lakes Drive Northfield, IL 60093
Deborah L. Galvin Asst. Secretary	Three Lakes Drive Northfield, IL 60093
Wilbur F. Pell, III Asst. Secretary	Three Lakes Drive Northfield, IL 60093

DIRECTORS

Mary Kay Haben	One Kraft Court Glenview, IL 60025
John F. Mowrer	Three Lakes Drive Northfield, IL 60093
Kathleen Kelly Spear	Three Lakes Drive Northfield, IL 60093