

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28378

1. Entity Name

CHURNY COMPANY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90084 003 ***150.00

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 60093-2753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1461788**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent-

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HABEN, MARY KAY	
STREET ADDRESS	ONE KRAFT CT	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SPEAR, KATHLEEN K	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL 60093	
TITLE	CDVT	<input type="checkbox"/> Delete
NAME	MOWRER, JOHN F	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL 60093	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABEN, MARY KAY	
STREET ADDRESS	ONE KRAFT CT	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DOHERTY, CHRISTOPHER D	
STREET ADDRESS	1 KRAFT COURT	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HERST, ROBERT L	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL 60093	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNESEN, MARK S.	
STREET ADDRESS	2215 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert L. Herst Robert L. Herst 4/19/00 (847) 646-2053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)