

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90177 042 \*\*\*150.00

**DOCUMENT # P28378**

1. Entity 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**


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

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

City & State

Zip Country

**11009909**



CHECK HERE IF MAKING CHANGES

4. FEI Number **36-1461788** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent -**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>AUBREY, WILLIAM E</b>      |                                 |
| STREET ADDRESS | <b>2215 SANDERS ROAD</b>      |                                 |
| CITY-ST-ZIP    | <b>NORTHBROOK IL 60062</b>    |                                 |
| TITLE          | <b>VSD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>SPEAR, KATHLEEN K</b>      |                                 |
| STREET ADDRESS | <b>THREE LAKES DRIVE</b>      |                                 |
| CITY-ST-ZIP    | <b>NORTHFIELD IL 60093</b>    |                                 |
| TITLE          | <b>CDVT</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>MOWRER, JOHN F</b>         |                                 |
| STREET ADDRESS | <b>THREE LAKES DRIVE</b>      |                                 |
| CITY-ST-ZIP    | <b>NORTHFIELD IL 60093</b>    |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>HABEN, MARY KAY</b>        |                                 |
| STREET ADDRESS | <b>ONE KRAFT CT</b>           |                                 |
| CITY-ST-ZIP    | <b>GLENVIEW IL 60025</b>      |                                 |
| TITLE          | <b>VAS</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>DOHERTY, CHRISTOPHER D</b> |                                 |
| STREET ADDRESS | <b>1 KRAFT COURT</b>          |                                 |
| CITY-ST-ZIP    | <b>GLENVIEW IL 60025</b>      |                                 |
| TITLE          | <b>VPAS</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>HERST, ROBERT L</b>        |                                 |
| STREET ADDRESS | <b>THREE LAKES DRIVE</b>      |                                 |
| CITY-ST-ZIP    | <b>NORTHFIELD IL 60093</b>    |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                             |  |
|----------------|-----------------------------|--|
| 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          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>PONTICELLI, KEVIN D.</b> |  |
| STREET ADDRESS | <b>ONE KRAFT COURT</b>      |  |
| CITY-ST-ZIP    | <b>GLENVIEW, IL 60025</b>   |  |
| 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    |                             |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Herst* **SIGNATURE REQUIRED** **Robrt L. Herst** **4/22/03** **847-646-2053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)