CITY-ST-ZIP

STREET ADDRESS

TITLE

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3) FRESH 1 MARKETING, INC. Principal Place of Business Mailing Address ATTN: LEGAL DEPT ATTN: LEGAL DEPT 8100 MITCHELLE ROAD STE 200 8100 MITCHELLE ROAD STE 200 EDEN PRAIRIE MN 55344 DO NOT WRITE IN THIS SPACE EDEN PRAIRIE MN 55344 3. Date Incorporated or Qualified 06/18/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 41-1694669 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country $Z_{1}p$ Country Źω 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change THILE 1.1 TITLE BAKER, LOOE, III NAME 1.2 NAME 8100 MITCHELL ROAD #200 STREET ADDRESS 1.3 STREET ADDRESS EDEN PRAIRIE MN CITY-ST-ZIP 14 CITY-ST-ZIP Addition TITLE DELFTE 21 TITLE Change REMPE, MICHAEL NAME 2.2 NAM 8100 MITCHELL ROAD #200 STREET ADDRESS 2.3 STREET ADDRESS EDEN PRAIRIE MN 2 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELFTE Change TITLE 3.1 TITLE GOVEN, GREG 3.2 NAME NAME 8100 MITCHELL ROAD #200 STREET ADORESS 3.3 STREET ADDRESS EDEN PRAIRIE MN CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE HANSON, DALE S. NAME 4 2 NAME 8100 MITCHELL ROAD #200 4.3 STREET ADDRESS STREET ADDRESS **EDEN PRAIRIE MN** CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELE1E Change 5.1 TITLE TITLE GLEASON, OWEN P NAME 5.2 NAME 8100 MITCHELL RD., #200 STREET ADDRESS 5.3 STREET ADDRESS **EDEN PRAIRIE MN**

14. Thereby certify that the information supplied with this filling 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 eath; 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 chapter 607, and attachment of the corporation of the receiver of the receiv SIGNATURE: Dale S. Hanson/Secretary 4/08/98 (612) 937-8500

5.4 CITY-ST-ZIP

6.1 TATLE

62 NAME 6.3 STREET ADDRESS

DELETE

Change

Addition