FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38227** (5)

1. Corporation Name

DIETARY PRODUCTS INC. W H 1 0 0 6

Principal Place of Business	Mailing Address
DIETARY PRODUCTS, INC. ONE PARKWAY N. STE 410 DEERFIELD IL 60015 US	DIETARY PRODUCTS, INC. ONE PARKWAY N. STE 410 DEERFIELD IL 60015 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/07/1992**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **36-3811824** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CASSIDY, DOUGLAS J.	12 NAME	
STREET ADDRESS	1450 WAUKEGAN ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MCGAW PARK IL	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	STAUBITZ, ARTHUR F.	22 NAME	
STREET ADDRESS	ONE PARKWAY NORTH, STE 410	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	SHANDOR, IVAN	32 NAME	
STREET ADDRESS	ONE PARKWAY NORTH, STSE 410	33 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	THURMAN, CHARLES W.	42 NAME	
STREET ADDRESS	ONE PARKWAY NORTH, STE 410	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	44 CITY-ST-ZIP	
TITLE	ASD	51 TITLE	☐ Change ☐ Addition
NAME	SIECK, A. GERARD	52 NAME	
STREET ADDRESS	ONE BAXTER PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	54 CITY-ST-ZIP	
TITLE	ASD	61 TITLE	☐ Change ☐ Addition
NAME	FITZSIMMONS, J. PATRICK	62 NAME	
STREET ADDRESS	ONE BAXTER PARKWAY	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487870 FP