## 12006 FOR PROFIT CORPORATION **ANNUAL REPORT**

16d

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND

SIGNATURE:

## SECKETARY OF STATE DIVISION OF COMPORATIONS DOCUMENT # P93000047167 NONNI'S FOOD COMPANY, INC. 06 MAY 15 PH 12: 55 Principal Place of Business Mailing Address ONE WESTBROOK CORP CENTER, STE 430 ONE WESTBROOK CORP CENTER, STE 430 WESTCHESTER, IL 60153 WESTCHESTER, IL 60153 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04282006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3191316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 age Jeanine Reynolds as its agent SIGNATURE (NOTE: Registered Agent signature requi of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEOP TITLE ☐ Delete TITLE ☐ Change 700075108147 05/24/06--01003--006 \*\*\$\$0.00 NAME HARRIS, TIMOTHY M NAME ONE WESTBROOK CORP CENTER, STE 430 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTCHESTER, IL 60153 CITY-ST-ZIP CFO CFO Change Addition TITLE Delete TITLE RODNEY T. LIDDLE CORPORATE CENTER KENEALY, WILLIAM HAME NAME ONE WESTBROOK CORP CENTER, STE 430 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTCHESTER, IL 60153 CITY-ST-7IP WESTCHESTER IL 60 153 □ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

708.731-247