2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000003847

Entity Name: MONDELEZ GLOBAL LLC

Current Principal Place of Business:

3 PARKWAY NORTH, SUITE 300

DEERFIELD, IL 60015

Current Mailing Address:

3 PARKWAY NORTH, SUITE 300 DEERFIELD. IL 60015

FEI Number: 38-3869170 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 19, 2016

Secretary of State

CC5993977933

Authorized Person(s) Detail :

Title MGR Title MGR

Name GLADDEN, BRIAN Name MAY, KAREN J

Address 3 PARKWAY NORTH, SUITE 300 Address 3 PARKWAY NORTH, SUITE 300

City-State-Zip: DEERFIELD IL 60015 City-State-Zip: DEERFIELD IL 60015

Title MGR Title MGR

Name MYERS, DANIEL Name PLEUHS, GERHARD W.

Address 3 PARKWAY NORTH, SUITE 300 Address 3 PARKWAY NORTH, SUITE 300

City-State-Zip: DEERFIELD IL 60015 City-State-Zip: DEERFIELD IL 60015

Title MGR Title AUTHORIZED REPRESENTATIVE

Name ROSENFELD, IRENE B Name KOWALSKY, JEFF

Address 3 PARKWAY NORTH, SUITE 300 Address 3 PARKWAY NORTH, SUITE 300

City-State-Zip: DEERFIELD IL 60015 City-State-Zip: DEERFIELD IL 60015

Title AUTHORIZED REPRESENTATIVE

Name MASTRI, GREGORY J

Address 3 PARKWAY NORTH, SUITE 300

City-State-Zip: DEERFIELD IL 60015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF KOWALSKY

DIRECTOR US INCOME TAX

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date