

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001401

**Entity Name:** DRISCOLL STRAWBERRY ASSOCIATES, INC.

**Current Principal Place of Business:**

345 WESTRIDGE DRIVE  
WATSONVILLE, CA 95076

**Current Mailing Address:**

ATTN: TAX DEPARTMENT  
P.O. BOX 50045  
WATSONVILLE, CA 95077 US

**FEI Number:** 94-1237296

**Certificate of Status Desired:** Yes

**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

**Officer/Director Detail :**

Title CFO  
Name TANDON, SANJEEV  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title CHAIRMAN, DIRECTOR  
Name REITER, J MILES  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title SECRETARY  
Name O'BRIEN, THOMAS A  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title PRESIDENT, CEO, DIRECTOR  
Name MURPHY, KEVIN E  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title VC, DIRECTOR  
Name REITER, GARLAND S  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title DIRECTOR  
Name ATKINS, JOHN C  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title DIRECTOR  
Name DEFEQ, NEIL P  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title DIRECTOR  
Name MERCADO, MANUEL  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

**Continues on page 2**

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS A O'BRIEN

**SECRETARY**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PRETOVICH, DUSHAN  
Address        PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title           DIRECTOR  
Name           SMITH, WESLEY J  
Address        PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077