

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001401

Entity Name: DRISCOLL'S, 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: 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

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name DEFEO, 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

Title DIRECTOR  
Name PETROVICH, DUSHAN (DUKE)  
Address PO BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

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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 O'BRIEN

SECRETARY

05/01/2023

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SMITH, BRIE REITER  
Address P.O. BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title TREASURER  
Name DZWONCZYK, CHRISTINE  
Address P.O. BOX 50045  
City-State-Zip: WATSONVILLE CA 95077

Title DIRECTOR  
Name REITER, ERIC  
Address P.O. BOX 50045  
City-State-Zip: WATSONVILLE CA 95077