

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 803425 (8)
1. Corporation Name
NABISCO, INC.



Principal Place of Business: **100 DEFOREST AVENUE, EAST HANOVER NJ 07836 US**
Mailing Address: **200 DEFOREST AVE. EAST HANOVER NJ 07836**

3. Date Incorporated or Qualified: **12/15/1928**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **13-1841519**
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

2. Principal Place of Business: **21 7 Campus Drive**
2a. Mailing Address: **26 7 Campus Drive**
22. Suite, Apt. #, etc.
23. City & State: **Parsippany NJ**
24. Zip: **07054**
25. Country
27. Suite, Apt. #, etc.
28. City & State: **Parsippany NJ**
29. Zip: **07054**
30. Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GREENIAUS, H. JOHN | |
| STREET ADDRESS | 7 CAMPUS DRIVE | |
| CITY-ST-ZIP | PARSIPPANY NJ | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | KIRKMAN, JAMES A. | |
| STREET ADDRESS | 7 CAMPUS DRIVE | |
| CITY-ST-ZIP | PARSIPPANY NJ | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | DELUCCA, JOHN J | |
| STREET ADDRESS | 1301 AVE OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KLEINBERG, LAWRENCE | |
| STREET ADDRESS | 7 CAMPUS DRIVE | |
| CITY-ST-ZIP | PARSIPPANY NJ | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | YANOVER, FRANK | |
| STREET ADDRESS | 200 DEFOREST AVE | |
| CITY-ST-ZIP | EAST HANOVER NJ | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PEARSON, J. T. | |
| STREET ADDRESS | 1301 AVE OF THE AMERICAS | |
| CITY-ST-ZIP | NEW YORK NY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Francis Suozzi |
| 3.3 STREET ADDRESS | 7 Campus Drive |
| 3.4 CITY-ST-ZIP | Parsippany NJ 07054 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Ian Lee-Leviten |
| 5.3 STREET ADDRESS | 7 Campus Drive |
| 5.4 CITY-ST-ZIP | Parsippany NJ 07054 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: Ian Lee-Leviten Ian Lee-Leviten 4-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)