

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: **7 CAMPUS DRIVE PARSIPPANY NJ 07054 US**
Mailing Address: **7 CAMPUS DRIVE PARSIPPANY NJ 07054 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1928	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1841519	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0505, Florida Statutes.

SIGNATURE _____ (Type or printed name of registered agent or officer, if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENIAUS, H. JOHN			1.2 NAME	Kilts, James		
STREET ADDRESS	7 CAMPUS DRIVE			1.3 STREET ADDRESS	7 Campus Drive		
CITY-ST-ZIP	PARSIPPANY NJ			1.4 CITY-ST-ZIP	ParsIPPany NJ 07054		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKMAN, JAMES A.			2.2 NAME			
STREET ADDRESS	7 CAMPUS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUOZZI, FRANCIS			3.2 NAME			
STREET ADDRESS	7 CAMPUS DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ			3.4 CITY-ST-ZIP			
TITLE	EVP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSTL, JAMES			4.2 NAME	Klein, Peter		
STREET ADDRESS	100 DEFOREST AVE			4.3 STREET ADDRESS	7 Campus Drive		
CITY-ST-ZIP	EAST HANOVER NJ			4.4 CITY-ST-ZIP	ParsIPPany NJ 07054		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEE-LEVTEN, IAN			5.2 NAME	Lewbel, Gary		
STREET ADDRESS	7 CAMPUS DRIVE			5.3 STREET ADDRESS	7 Campus Drive		
CITY-ST-ZIP	PARSIPPANY NJ			5.4 CITY-ST-ZIP	ParsIPPany NJ 07054		
TITLE	EVP	<input type="checkbox"/> DELETE		6.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONANY, DOUGLAS			6.2 NAME	Conant, Douglas		
STREET ADDRESS	7 SYLVAN WAY			6.3 STREET ADDRESS	7 Sylvan Way		
CITY-ST-ZIP	PARSIPPANY NJ			6.4 CITY-ST-ZIP	ParsIPPany NJ 07054		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Gary Lewbel

CR2E034 (10/97)