

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90261 007 \*\*\*150.00

**DOCUMENT # 803425**

1. Entity Name  
**NABISCO, INC.**

Principal Place of Business

Mailing Address

7 CAMPUS DRIVE  
 PARSIPPANY NJ 07054  
 US

7 CAMPUS DRIVE  
 PARSIPPANNY NJ 07054-4404  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1841519**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY**  
 1201 HAYES ST  
 SUITE 105  
 TALLAHASSEE FL 32301

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> Delete |
| NAME           | KILTS, JAMES         |                                 |
| STREET ADDRESS | 7 CAMPUS DR          |                                 |
| CITY-ST-ZIP    | PARSIPPANY NJ 07054  |                                 |
| TITLE          | VS                   | <input type="checkbox"/> Delete |
| NAME           | KIRKMAN, JAMES A.    |                                 |
| STREET ADDRESS | 7 CAMPUS DRIVE       |                                 |
| CITY-ST-ZIP    | PARSIPPANY NJ        |                                 |
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | SCHIFFNER, ROBERT    |                                 |
| STREET ADDRESS | 7 CMAPUS DRIVE       |                                 |
| CITY-ST-ZIP    | PARSIPPANY NJ 07054  |                                 |
| TITLE          | EVP                  | <input type="checkbox"/> Delete |
| NAME           | KLEIN, PETER         |                                 |
| STREET ADDRESS | 7 CAMPUS DR          |                                 |
| CITY-ST-ZIP    | PARSIPPANY NJ 07054  |                                 |
| TITLE          | V                    | <input type="checkbox"/> Delete |
| NAME           | LEWBEL, GARY         |                                 |
| STREET ADDRESS | 7 CAMPUS DR          |                                 |
| CITY-ST-ZIP    | PARSIPPANY NJ 07054  |                                 |
| TITLE          | EVP                  | <input type="checkbox"/> Delete |
| NAME           | CONANT, DOUGLAS      |                                 |
| STREET ADDRESS | 7 SYLVAN WY          |                                 |
| CITY-ST-ZIP    | PARISIPPANY NJ 07054 |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LEWBEL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-28-00

Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)