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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

FILED  
Mar 18 1998 8:00am  
Secretary of State

DOCUMENT # 854553

1. Corporation Name

IDV NORTH AMERICA, INC (AKA HEUBLEIN, INC.)

Principal Place of Business

Mailing Address

450 COLUMBUS BLVD.  
HARTFORD CT 06103-1800

3. Date Incorporated or Qualified  
11/01/82

3a. Date of Last Report  
04/30/97

2. Principal Place of Business

2a. Mailing Address

21 450 COLUMBUS BLVD

26 200 SOUTH SIXTH ST

4. FEI Number

06-1067908

Applied For

Not Applicable

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22 City & State

27 TAX DEPT 08X3

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 HARTFORD CT

28 MINNEAPOLIS MN

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

Zip Country

Zip Country

24 06103-1800

25

29 55402-1403

30 HENNEPIN

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME PRES. CEO, DIR  
STREET ADDRESS PHILLIPS, CHARLES A.  
CITY-ST-ZIP 450 COLUMBUS BLVD HARTFORD CT 06103

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE NAME AST. SEC.  
STREET ADDRESS POPPELE, DONALD R.  
CITY-ST-ZIP 200 S. 6TH ST., MINNEAPOLIS, MN

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE NAME VP, TREAS  
STREET ADDRESS LARSON, MARK A  
CITY-ST-ZIP 450 COLUMBUS BLVD HARTFORD CT 06103

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE NAME SVP, SEC, DIR  
STREET ADDRESS SCOTT, DAVID J.  
CITY-ST-ZIP 450 COLUMBUS BLVD HARTFORD CT 06103

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE NAME EXEC VP  
STREET ADDRESS RICKARD, DAVID  
CITY-ST-ZIP 450 COLUMBUS BLVD HARTFORD CT 06103

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE NAME EXEC VP  
STREET ADDRESS LEDREW, FREDERICK J.  
CITY-ST-ZIP 450 COLUMBUS BLVD HARTFORD CT 06103

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

DONALD R POPPELE, ASST. S 03/09/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

CR2E034 (9/96)