

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90098 036 ***150.00

0615098 AT

DOCUMENT # F02000001883

1. Entity Name
DANONE FOODS, INC.



Principal Place of Business
**120 WHITE PLAINS RD.
TARRYTOWN NY 10591**

Mailing Address
**C/O MARLENE BAROLO, LEGAL DEPT.
50 DANBURY RD., STE. 101
WILTON CT 06897**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2574006**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATON SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Margaret O'Shea
Signature, typed or printed name of registered agent and title if applicable.

Margaret O'Shea
(NOTE: Registered Agent signature required when reinstating)

3/17/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAUTIER, FRANCIS	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAY I	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KUNZ, THOMAS	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LEES, RICK	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, ALONZO	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, JACQUES	
STREET ADDRESS	120 WHITE PLAINS RD.	
CITY-ST-ZIP	TARRYTOWN NY 10591	

TITLE	DVPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theo Razzouk	
STREET ADDRESS	120 White Plains Rd	
CITY-ST-ZIP	Tarrytown, NY 10591	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan Crittenden	
STREET ADDRESS	3280 E Foothill	
CITY-ST-ZIP	Pasadena, CA 91107	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret O'Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret O'Shea
Date

3/17/03
Date

(914) 366 2858
Daytime Phone #

CR2E034 (10/02)