

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001883

**Entity Name:** DANONE NORTH AMERICA PUBLIC BENEFIT CORPORATION

**FILED**  
**May 23, 2023**  
**Secretary of State**  
**0646170204CC**

**Current Principal Place of Business:**

1 MAPLE AVENUE  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

1 MAPLE AVENUE  
WHITE PLAINS, NY 10605 US

**FEI Number: 11-2574006**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP FINANCIAL SERVICES &  
TREASURER  
Name FIDANZA, JOHN  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title SECRETARY  
Name DOWLING, NANCY  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title VP & CFO  
Name GAYET, STEPHANE  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title DIRECTOR  
Name GRANT, SHANE  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title DIRECTOR  
Name GAYET, STEPHANE  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title DIRECTOR  
Name DOWLING, NANCY  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title CEO, PRESIDENT  
Name GRANT, SHANE  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

Title ASSISTANT TREASURER, TAX  
MATTERS  
Name TSAI, HSIKUN (JAMES)  
Address 1 MAPLE AVENUE  
City-State-Zip: WHITE PLAINS NY 10605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN FIDANZA**

**VP & TREASURER**

**05/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date