


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90727 011 ***150.00

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 C/O DANNON TAX DEPT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 120 WHITE PLAINS RD.	
City & State		City & State TARRYTOWN NY	
Zip	Country	Zip	Country
		10591	
4. FEI Number 11-2574006		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT RAZZOUK, THEO 120 WHITE PLAINS RD. TARRYTOWN, NY 10591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRITTENDEN, BRYAN 3280 E. FOOTHILL PASADENA, CA 91107 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAQUELIN, FRANCOIS 17 BOULEVARD HAUSSMANN PARIS FRANCE 75009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUNZ, THOMAS 120 WHITE PLAINS RD. TARRYTOWN, NY 10591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		THEO RAZZOUK 4/15/04 914 366 2858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	