

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001883

Entity Name: DANONE FOODS, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

100 HILLSIDE AVE
WHITE PLAINS, NY 10603

New Principal Place of Business:

Current Mailing Address:

100 HILLSIDE AVE
WHITE PLAINS, NY 10603

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DALTO, JUAN C
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: DVP () Delete
Name: CICIO, ANTHONY
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: D () Delete
Name: BOMBLED, CHRISTOPHE
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: AS () Delete
Name: BESTEIRO, DONNA
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: REMY, ANTOINE
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: STRICK, KENNETH
Address: 100 HILLSIDE AVE
City-St-Zip: WHITE PLAINS, NY 10603

Title: VP () Change (X) Addition
Name: VAN DEPUT, DIRK
Address: 2 ALAHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTOINE REMY

VP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date