## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000611

Entity Name: EATING WELL, INC.

**Current Principal Place of Business:** 

1716 LOCUST ST. DES MOINES, IA 50309

**Current Mailing Address:** 

1716 LOCUST ST.

DES MOINES. IA 50309

FEI Number: 03-0322411 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

FILED May 01, 2013

**Secretary of State** 

CC0944004035

Officer/Director Detail:

TitlePRESIDENTTitleVP, DIRECTORNameHARTY, THOMASNameRIGGS, MIKEAddress1716 LOCUST ST.Address1716 LOCUST ST.

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

TitleTREASURER, DIRECTORTitleDIRECTORNameCERYANEC, JOSEPH HNameZIESER, JOHN SAddress1716 LOCUST STAddress1716 LOCUST ST

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title SECRETARY

Name KAUT, NORBERT W Address 1716 LOCUST ST

City-State-Zip: DES MOINES IA 50309

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: NORBERT W. KAUT SECRETARY 05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date