

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000798

FILED
Mar 30, 2011
Secretary of State

Entity Name: EARTHGRAINS BAKING COMPANIES, INC.

Current Principal Place of Business:

C/O SARA LEE CORP
3470 RIDER TRAIL S.
EARTH CITY, MO 63045

New Principal Place of Business:

Current Mailing Address:

C/O SARA LEE CORPORATION
3500 LACEY ROAD
DOWNERS GROVE, IL 605155450

New Mailing Address:

FEI Number: 71-0051040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: LEESE, CRAIG
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

Title: VP
Name: EMME, JEFF
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

Title: TRES
Name: SHALABH, GUPTA
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

Title: VPSD
Name: SILVER, MARK S
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

Title: DIR
Name: KAMINSKI, HELEN N
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

Title: AS
Name: KUEHNLEIN, RACHEL
Address: 3500 LACEY ROAD
City-St-Zip: DOWNERS GROVE, IL 605155450

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: RACHEL KUEHNLEIN

AS

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date