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**May 02 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000798 (0)

**1. Corporation Name
EARTHGRAINS BAKING COMPANIES, INC.**



Principal Place of Business
ATTN: LEGAL DEPT.
8400 MARYLAND AVENUE
ST. LOUIS MO 63105-3668

Mailing Address
ATTN: LEGAL DEPT.
8400 MARYLAND AVENUE
ST. LOUIS MO 63105-3647

3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
02/21/1996

4. FEI Number
71-0051040

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business **2a. Mailing Address**

21 Sube, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **85** Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAFOURE, MIKE	1.2 NAME	John W. Iselin, Jr.
STREET ADDRESS	6211 LEMMON AVENUE	1.3 STREET ADDRESS	8400 Maryland Avenue
CITY-ST-ZIP	DALLAS TX 75209	1.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORCIVA, BRIAN	2.2 NAME	Bryan A. Torcivia
STREET ADDRESS	6211 LEMMON AVENUE	2.3 STREET ADDRESS	8400 Maryland Avenue
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMMINS, WILLIAM J.	3.2 NAME	Michael A. Salamone
STREET ADDRESS	ONE BUSCH PLACE	3.3 STREET ADDRESS	8400 Maryland Avenue
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/S/D/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSCH, DAVID	4.2 NAME	Joseph M. Noelker
STREET ADDRESS	ONE BUSCH PLACE	4.3 STREET ADDRESS	8400 Maryland Avenue
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, ELLIS	5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63118	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKELS, RON	6.2 NAME	
STREET ADDRESS	6211 LEMMON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: _____ **4-22-97** **Joseph M. Noelker (314)259-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)